

Meridian Healthcare Limited

# Roby Lodge

## Inspection report

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01 February 2017

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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** 

# Summary of findings

## Overall summary

We visited the service on 25 and 27 January 2017 and 01 February 2017. The first day of the inspection was unannounced and the following days were announced.

Roby Lodge Care Centre is registered to provide accommodation and personal care for up to 40 people. The service is located in the Huyton area of Liverpool, close to local shops and road links. There were 38 people using the service at the time of this inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on a period of absence from work at the time of this inspection; however an interim management team was overseeing the day to day management of the service.

The last inspection of the service was carried out on 18 November 2014 and we found that the service was meeting all the requirements of the Health and Social Care Act 2008 and associated Regulations. We did however ask the registered provider to make improvements to the meal time experiences for people and this action had been completed.

We found during this inspection that the registered provider was not meeting all the requirements of the Health and Social Care Act 2008 and associated Regulations in relation to infection control, managing complaints and good governance.

You can see what action we told the provider to take at the back of the full version of the report.

There was a lack of action taken to mitigate risks to people and make improvements to the service people received. Quality monitoring checks on aspects of the service had not always been carried out at the required intervals and when they had risks to people's health, safety and welfare had not always been identified.

Infection control practices carried out by staff put people's safety at risk. Soiled laundry and clinical waste was not always handled in line with good infection prevention and control procedures. Dirty laundry was left on floors and used continence aids were not disposed of correctly.

There was a lack of information contained in some people's care records about their needs and how they should be met. In addition charts which were in place to monitor aspects of people's care such as fluid intake and weight had not been completed when required. Not having this information meant people were at risk of receiving ineffective care and support.

The overall management of medication and associated records was safe. However some people's protocols for medication which was prescribed to take when required (PRN) lacked information about the signs staff needed to look out for which indicated that the person needed their medication. This was actioned after we raised it with the management team.

People's personal belongings were not always treated with dignity and respect. Items of unmarked clothing were left in the laundry for long periods of time and there was no system in place to ensure the clothing was returned to people. A system was put in place at the time of our inspection to address this.

Complaints and concerns were not dealt with in line with the registered provider's policy and procedure. Complaints raised by family members had not been acknowledged and no action had been taken to resolve them. Action was taken at the time of our inspection to address complaints made by family members.

We have made a recommendation about the environment. People were provided with opportunities to take part in activities which they found enjoyable. However the environment lacked stimulus and aids to orientate people living with dementia. Facilities were available for people to relax and spend time away from the usual day to day environment, however people got little use out of them.

People who used the service and family member were aware that changes had been made to the management of the service; however they were unsure about the current management arrangements. Meetings took place during our inspection and others had been arranged as a way of communicating the changes to people and family members.

Allegations of abuse were acted upon to ensure people were safe from abuse or the risk of abuse. People were protected by staff who knew about the different types of abuse and how to recognise indications of abuse. Allegations of abuse had been reported to the relevant agencies in a timely way.

The registered provider had a safe procedure for recruiting new staff. Staff had provided details of their qualifications, skills and experience and they underwent a series of pre-employment checks to assess their suitability for the job. Staff entered onto an induction programme when they started work at the service and relevant training was provided to all staff on an ongoing basis.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Infection control practices were not always followed in line with safe procedures.

The storage of medication was safe although some people's records for the use of 'as required' (PRN) medication did not always provide staff with guidance on the use of it.

Allegations of abuse were responded to and risks to people were assessed and planned for.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Some people's care records lacked information to demonstrate that they had received effective care and support.

People were supported by staff who had received the required training for their job.

People rights were protected in line with the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People's personal belongings were not always treated with respect.

Meal times were a positive and supportive experience for people.

People described staff as being kind and caring.

### Is the service responsive?

The service was not always responsive.

Complaints and concerns were dealt with in line with the registered provider's complaints procedure.

The environment lacked stimulus and aids to orientate people living with dementia.

People were engaged in a choice of activities which they enjoyed.

**Requires Improvement**



### Is the service well-led?

The service was not well led.

Changes made to the leadership of the service were not fully understood by people and family members.

Quality monitoring processes did not identify risks to people's health, safety and welfare.

The registered provider's policies and procedures were not always followed to ensure people's safety and good standards of care.

**Inadequate**



# Roby Lodge

## **Detailed findings**

### Background to this inspection

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

We undertook an unannounced inspection of the service on 25 and 27 January 2017 and 01 February 2017. The inspection was undertaken by one adult social care inspector.

During this inspection we spoke with ten people who used the service and eight family members. We spoke with the management team including the acting manager, acting deputy manager and assistant operations director. We also held discussions with members of the staff team including, senior and junior care staff, domestic staff, the chef and laundry assistant.

We looked in detail at care plans and supplementary care records for four people and medication administration records (MARs) for six people. Other records relating to the management of the service which we looked at included quality monitoring records.

Prior to this inspection we reviewed information we received from commissioners of the service, Healthwatch and members of the public. Information we received included concerns in relation to staffing, the care and welfare of people and the leadership of the service. We looked at those concerns as part of this inspection.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. Their comments included; "Oh yes I'm very safe and secure here, I never feel frightened of anything", "I feel safe, warm and comfortable all the time" and "I'm treated very well".

Prior to this inspection we received concerns about people's safety in relation to; the environment, infection control practices and staffing levels. We looked at those concerns as part of the safe domain.

People were not always protected from the risk of the spread of infection. Staff did not always follow good infection control practices when handling soiled laundry and when disposing of clinical waste. For example, one member of staff exited a bathroom carrying a soiled continence aid which should have been disposed of in a clinical waste bag before being removed from the bathroom. A used continence aid had been disposed of in a litter bin in one person's bedroom, we raised this with a member of staff and they dealt with it immediately. Soiled linen removed from beds earlier in the morning had been left on the floor in three people's bedrooms and a large amount of soiled laundry including clothing and wet bedding was on a floor in a store room. These practices increased the risk of the spread of infection.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, care was not provided to people using the service in a safe way because people were not protected against; the spread of infections.

Each person had a medication administration record (MAR) which detailed their prescribed medication and instructions for use. A recent photograph of the person was displayed on their MAR and details of any known allergies were recorded. This information reduced the risk of medicines being given to the wrong person or to someone with an allergy and was in line with current guidance.

Some people were prescribed PRN medication; this is medication which is to be given when required. MARs were accompanied by a protocol for the use of PRN medication for those people who needed it. However, we found examples where protocols lacked some information about the use of the medication. For example, the signs and symptoms exhibited when a person who was in pain but unable to verbalise their discomfort. The protocols were updated with the required information after we raised it with a senior member of staff.

Medication was securely stored in dedicated rooms on each of the two floors. The medication fridge on the ground floor was faulty and a replacement fridge was on order. All medication which needed to be kept cool was being stored in the fridge on the first floor. The temperature of the fridge was checked daily and recorded to ensure it was within the recommended range required to keep items of medication effective. Controlled Drugs (CDs) (medicines controlled under the Misuse of Drugs legislation and subsequent amendments) were secured securely and the records tallied with the stock available. MARs had been signed or coded to show people had received their prescribed medication at the right times. A specific code was used to show if a person had refused their medication and the details regarding this were recorded on the

back of the MAR. Staff had access to information which guided them on when and what action they needed to take should a person continue to refuse their medication.

Each person had a personal evacuation plan (PEEP) which included details about the support and assistance they needed during an evacuation of the building. A document summarising each person's PEEP was held in the foyer near to the main entrance of the building. It included information such as people's ability to manage the stairs and any items of equipment they needed to aid their mobility during an evacuation. However, the document had not been updated to reflect changes which had taken place. For example, details of people who were no longer living at the service were still recorded on the document and information to reflect changes to people's mobility had not been updated. Three people were recorded on the PEEP summary as being able to walk independently, however all three people had experienced a decline in their ability to mobilise independently which resulted in them requiring the use of a wheelchair to get about. We raised this with the manager who immediately updated the PEEP summary.

There were sufficient numbers of suitably qualified staff to meet people's needs and keep them safe. Staffing levels were calculated by the registered provider using a tool which took account of the occupancy levels and the needs and safety of people who used the service. The staffing levels which had been calculated to meet people's needs and keep them safe were being maintained.

Risks people faced were identified through the use of specific risk assessments tools. For example the nationally recognised Malnutrition Universal Screening Tool (MUST) was used to identify people who were malnourished, at risk of malnutrition or obese. Other risks associated with people's care which were assessed through the use of specific tools included; moving and handling, falls and skin integrity. A care plan was developed based on the outcome of assessments. The plans detailed the hazard/s associated with the risk and the measures in place to minimise any risk of harm. For example, care plans for two people who were identified as being at high risk of falls included the use of a sensor mat next to their bed to alert staff should they get out of bed during the night. A care plan for another person who was identified as being at risk of choking, instructed staff to serve the person with soft food.

People were safeguarded from harm and the risk of harm. Staff completed training in safeguarding people and they had access to the registered providers and the local authorities safeguarding policy and procedure. The documents included guidance for staff on how to prevent, recognise and report abuse. Staff knew what was meant by abuse and they gave examples of the different types and signs and symptoms of abuse. Staff said they would not hesitate to report any concerns they had and that they would not delay in reporting concerns onto the relevant person or agency. A record of allegations of abuse which had occurred at the service was kept. The records showed that the relevant agencies such as the local authority safeguarding team and the Care Quality Commission (CQC) were notified promptly about the incidents.

The recruitment of staff was safe and thorough. Appropriate checks had been undertaken on applicants before they commenced work at the service. Staff records included a completed application form and photographic evidence of the applicant's identity. There was also evidence that a series of pre-employment checks had been carried out before an offer of employment was made. This included a check carried out by the Disclosure and Barring Service (DBS). A DBS check consists of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. Two references were obtained in respect of staff including one, where possible from their most recent employer. Staff confirmed that they commenced work after the checks were carried out and deemed at satisfactory.

Equipment used at the service was regularly maintained and serviced to make sure it was safe to use. This



included moving and handling equipment, fire safety equipment, fire and nurse call alarm systems. During the inspection a fault with the nurse call system was detected. A call bell was activated in one person's bedroom, however it failed to sound. The fault was repaired immediately and a full check was carried out on the system to ensure all alarms were in good working order. Visitors to the service were monitored. All those who entered including family members, friends and health and social care professionals were required to sign a visitor's book to show when they arrived and when they left the building.

## Is the service effective?

### Our findings

People told us they received the right care and support. Their comments included, "They [Staff] do everything I need them to do", "I get everything I need" and "The care I get is what I need". Family members told us that their relatives were well looked after however one family member felt that concerns about their relative's health had not been acted upon. We discussed this with a member of the management team and they assured us that they would follow up on the concerns.

Before our inspection we received concerns about the care and welfare of people, including the lack of care planning and monitoring of people's care needs. We looked at those concerns as part of the effective domain.

Care records did not always demonstrate that people had received effective care and support and some records were not maintained and kept up to date. Prior to a person moving into the service an assessment of their needs was undertaken in line with the registered provider's procedures. In addition, assessment documentation was obtained from other health and social care professionals. A care plan for each person's identified needs was developed on the basis of assessments carried out. Care plans instructed staff on how to meet people's needs, including how and when to monitor aspects of their care such as weight, skin integrity and food and fluid intake. The required monitoring charts were in place, however we saw examples where they had not been completed at the right time and, where essential information had not been recorded onto them. Fluid monitoring records which were in place for some people who were at risk of dehydration had not always been completed as required. For example some people's charts had gaps in them where staff had failed to record the person's fluid intake. In addition, some people's charts did not include details of the actual amount of fluid the person needed to consume in a 24 hour period to remain hydrated. We also saw examples where the amount of fluid people had consumed had not been calculated and checked at the end of the 24 hour period as required. This information was needed to determine if people had achieved their fluid intake target and if not why, and any actions which needed to be taken.

Weight monitoring charts which were in place for two people who were at risk of malnutrition showed that their weight had not been recorded for over three weeks despite their care plan stating that they should be weighed weekly. People who were at risk of developing pressure ulcers had an air flow mattress on their bed. Although their care plans instructed the use of an air flow mattress they did not include what pressure the mattresses should be set at to ensure that they were effective. This was actioned after we raised it with a member of the management team.

We also saw examples of where sections of care records had not been completed. These included sections about what was an appropriate diet for one person who had diabetes and the communication section of a care plan for two other people. Some care records had not been signed or dated to show when they were completed and who by. Although there was evidence that people's care records had been kept under review they did not evidence the involvement of the people or relevant others such as family members in the review. This was despite the registered providers policy and procedure for reviewing people's care stating that people and relevant others should be part of the review.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as accurate records in respect of people's needs were not maintained.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection a number of people who used the service had a DoLS in place and application had been made to the relevant local authority for a number of people who used the service. Copies of the applications were held in people's care files.

People were cared for and supported by staff that had completed the required training in relation to people's needs, their roles and responsibilities. The majority of training made available to staff was completed on line (on a computer); however they were also provided with some face to face training delivered by accredited trainers. Each member of staff was provided with their own unique password which enabled them to access on-line training at any time either in or outside of the workplace. Following each training session staff were required to complete a competency check which they had to pass before being credited with the training. Records and discussions held with staff showed they had kept up to date with the training required of them. This included topics such as moving and handling, safeguarding, dementia care and aspects of health and safety including fire training and first aid. The management team had access to data which provided them with an overview of the training staff had completed and their progress made. This enabled them to monitor staff training and plan for any future training needs.

On commencing work at the service new staff commenced a twelve week induction programme set out by the registered provider. New staff were initially provided with an orientation of the building, introduced to the registered providers policies and procedures and completed a period of shadowing more experienced staff. They also completed The Care Certificate, a nationally recognised qualification introduced in April 2015 for health and social care workers. The Care Certificate sets out the minimum standards expected of staff so that they have the necessary skills and knowledge in line with current and good practice. Records and discussions held with staff showed that they had completed the registered provider's induction programme during the first 12 weeks of employment at the service.

## Is the service caring?

### Our findings

People told us that staff treated them with respect and they had a kind a caring approach. Their comments included; "The girls [staff] are lovely, so caring", "I have nothing but praise for them all [staff], they are very kind and look after me very well" and "They go the extra mile whenever they can". Family members told us that they thought the staff were caring and did their best.

Whilst there were aspects of the service that were caring, we identified areas where the care being provided had impacted upon people's safety and wellbeing. We have reported further on these examples under the safe, effective and responsive domains. In addition before our inspection we received concerns about people's clothes going missing and not being found. We looked at those concerns as part of caring.

At our last inspection we found that the dining experience for people was rushed and unsupportive and some people's meals were not appropriately presented. During this inspection we found that the mealtime experience for people had improved. People were individually served with their choice of meal and staff were patient and supportive when assisting people to eat and drink. People were given plenty of time to eat their meals and those who needed it were provided with encouragement and prompting. Tasks such as washing dishes and wiping tables were left until after people had finished eating. Each element of textured meals were presented separately on the plate to maintain the presentation and taste of the meal.

People's personal belongings were not treated with respect. A number of family members told us during this inspection that their relatives were missing items of clothing and despite them raising it with staff the clothing had not been found. When we visited the laundry we saw many items of clothing stored on racks and in boxes. We were told that those particular items were clothes which had not been returned to people because they were unmarked. Some clothes had been in the laundry for some time and no consideration had been given as to how people or relevant others such as family members could search through them to help them identify missing items. After we raised this with a member of the management team the clothing was placed in a vacant bedroom, and a letter was given out inviting people and family members to look through the clothing. By the last day of our inspection a large amount of clothing had been reclaimed.

Care plans were kept in offices which were locked when left unsupervised. However, files containing supplementary records used to monitor aspects of people's care were left in a communal lounge/dining area. This put people's confidentiality at risk because the records could have been accessed by unauthorised people. The files were locked away after we raised this with a member of the management team. Discussions and meetings which took place about people amongst staff and with visiting health and social care professionals and family members, were conducted in private.

Staff were knowledgeable about people and they used that knowledge to motivate people. For example staff engaged people in conversations of interest such as their favourite past times, family and where they used to live and work. We saw many examples where people enjoyed banter and laughter with staff. One person told us "They [staff] know how to make me laugh" and another person told us "I love a good laugh and a joke and they [staff] know that".

Family members told us they were welcomed at the service whenever they visited and that there were no restrictions placed upon them. Visitors were offered refreshments. People were given a choice of where they spent their time with their visitors. During the inspection we observed visits taking place in the lounge amongst others and in quiet lounges.

Some people had a 'do not attempt resuscitation' (DNACPR) order in place which had had been authorised by their GP. These were put in place where people had chosen not to be resuscitated in the event of their death or in cases where they cannot make this decision themselves, where the GP and other individuals with legal authority have made this decision in a person's best interests. DNACPR certificates were placed at the front of people's care files so it was clearly visible. This information was also highlighted to staff during handovers so that staff knew what action to take in the event of a person's death.

## Is the service responsive?

### Our findings

People told us they knew they could complain if they needed to and that they were confident about complaining. Family members told us they had raised complaints about aspects of their relatives care but nothing was done.

Before this inspection we received concerns about complaints not being listened to.

Concerns and complaints were not dealt with, not listened to and responded to. The registered provider had a complaints policy and procedure which clearly described their process for complaining and managing complaints. A copy of the procedure was displayed in areas around the service including on the back of bedroom doors. The process assured people that their complaints would be acknowledged, listened to and dealt with within a set timescale. It also advised people that they would receive a written response. However, we were provided with examples from family members which demonstrated a failure to act upon concerns and complaints in accordance with the registered providers policy and procedure. A family member told us that they had raised a number of concerns about their relative's clothes going missing and another family member told us they had raised concerns about aspects of their relatives care. Both family members said their concerns were not acknowledged and no further action was taken. We checked the complaints log kept at the service and there was no record of the complaints made. The management team in place at the time of this inspection had arranged and facilitated a number of group and one to one meetings for residents and relatives. A relatives meeting which had been pre-arranged took place on the first day of our inspection and a number of one to one meetings with relatives were held at various intervals throughout this inspection visit. Following a meeting one family member told us that they felt they were listened to and that they were assured that their concerns would now be acted upon.

This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as complaints received were not investigated and acted upon.

The registered provider had sent out satisfaction surveys to people who used the service and relevant others such as family members and other representatives. The surveys invited people to rate and comment on aspects of the service including; the care, food, activities and cleanliness and safety of the environment. The results from the most recent survey were not available because they were being analysed.

An activities co coordinator was employed at the service to organise and facilitate either one to one or group activities. At intervals throughout the inspection visits people were engaged in a variety of activities including art and craft and reminiscence sessions. People told us they often took part in activities, mainly during the afternoons and that they liked joining in.

There was a lack of signage and stimulation for people living with dementia. There were two rooms on the first floor which had sensory equipment and facilities for relaxation and playing music which could be used to provide people with stimulation and to help people at times of anxiety and stress. However, these facilities were not being utilised to their full potential. We were told that one of the rooms had been put out

of use some time ago due to health and safety concerns and that the other was used infrequently. Plans were confirmed to re develop the room which was out of use, to make it into a useable space for people to use, however no action had been taken to commence the work.

Although some signage was in use to identify areas such as toilets and bathrooms more pictorial signage outside lounges and dining rooms to help identify other parts of the service would help to aid orientation of people and reduce confusion. Memory boxes were in use outside some people's bedrooms however some of them were empty. Memory boxes containing photographs and/or items of familiarity are used as a way of helping people recognise where their bedroom is. The main communal areas which people regularly occupied, including lounges, dining rooms and corridors lacked items of interaction or stimulus. This included items which could be used for stimulation and to support reminiscence and way finding such as tactile objects, pictures of the local areas and favourite pastimes of people who lived at the service.

We recommend that the registered provider refers to best practice guidance on dementia friendly environments such as The Kings Fund.

Pictorial and written menus showing the food options available for the day were available however pictorial menus were not on display on the first day of our inspection. The use of pictorial menus helps to inform people with memory loss and people who have difficulty reading about the meal options available. Pictorial menus were put in use after we raised this with a senior member of staff.

## Is the service well-led?

### Our findings

People who used the service and family members told us that they were unsure about the current management arrangements at the service.

There was a registered manager in place at the service however they were absent from work. There was no deputy manager as the previous deputy manager had recently stepped down from the position and the post was vacant. Prior to this inspection an interim management team had been appointed to oversee the day to day management of the service in the absence of the registered manager. The team included a turnaround manager, and a deputy manager from a sister service, an assistant operations manager was also providing additional management support. Shortly after the inspection we were informed that the registered manager had resigned from their post and that a registered manager and a deputy manager from a sister service had been transferred to Roby Lodge on a permanent basis.

Quality monitoring systems at the service were not always effective. We found examples where checks carried out to monitor the quality of the service had failed to identify and mitigate risks to people and others. The registered provider had in place a comprehensive framework for assessing and monitoring the quality of the service and for making improvements. This required the completion of records following a range of checks carried out at various intervals on things such as the environment, care planning, medication and staff practice and training. However, these checks were not carried out and recorded in line with the registered providers procedures therefore areas for improvement had not been identified and acted upon. For example; the registered manager was required to carry out a minimum of two walk arounds each day or delegate the task to a suitably qualified person in their absence. The aim of the walk arounds was to review and report on aspects of the service such as resident care, infection control and the safety of the environment. Records showed that walk arounds had not always taken place at the required intervals and records of those which had been carried out lacked detail about the findings. The walk around carried out on the morning of our visit failed to identify inappropriate infection control practices which we evidenced.

Audits had been carried out on people's care records however they failed to identify a lack of robust record keeping. For example some sections of people's care plans and records for monitoring aspects of people's care had not been completed as required. Personal evacuation plans (PEEPs) had not been updated following a change in people's needs and to take account of other changes which had occurred at the service.

The registered manager failed to act upon concerns and complaints which were brought to their attention. This included concerns raised by family members with regards to their relatives care. The registered manager did not maintain a record of complaints made and did not investigate the complaints in line with the registered provider's policies and procedures. At the time of this inspection complaints people had made were being followed up and actioned.

The registered provider had a range of policies and procedures for the service which were made available to staff and kept under review. Policies and procedures support effective decision making and delegation



because they provide guidelines on what people can and cannot do what decisions they can make and what activities are appropriate. However people and others were put at risk because not all the registered providers policies and procedures were being followed as required. Examples of those not being followed included care planning, infection control, record keeping, complaints and supervision of staff.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as insufficient and ineffective systems were in place to assess, monitor and improve the service that people received and to protect them from the risk of harm and records in respect of people were not securely maintained and complete.

Accidents or incidents which occurred at the service were recorded and reported in line with the registered provider's procedure. This included the completion of accident/incident forms and copies were held in the person's care records. The occurrences were also reported through datix, a web based system, which was reviewed by the registered provider each month. Information held on datix helped the registered provider to identify any patterns or trends and plan for any additional measures which needed to be put in place to reduce the risk of further occurrences.

Staff demonstrated they were aware of whistleblowing procedures and they said they would not hesitate to use it if they needed to. Whistle-blowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of. Staff said they had access to the numbers they needed to use to raise any of these types of concerns, including the contact details for the relevant local authority safeguarding teams and the Care Quality Commission.

On the last day of our inspection we were provided with an action plan which had been developed based on our feedback given throughout the inspection. The action plan showed areas of concern had been addressed and the plans which had been put in place to further improve the service.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Service users were not protected against; the spread of infections.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  Complaints received were not investigated and acted upon.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Records about people care were not maintained, kept up to date and kept secured. Systems to monitor the quality of the service and make improvements not always effective.