

# Priyas Limited

# Chardwood Rest Home

## Inspection report

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2015  
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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

Chardwood Rest Home is a detached property close to the seafront in Pevensey Bay a village close to Eastbourne. It provides care and support for up to 15 older people with care needs associated with age. This included some low physical and health needs and some support needs for people with mild dementia and memory loss. The care home provides some respite care and can meet more complex care needs with community support, including people who are at risk of pressure area damage and people who live with diabetes. At the time of this inspection eight people were living at the home.

This inspection took place on 26 February and 3 March 2015 and was unannounced

There is a registered manager at the home who is also one of the owners. 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.

# Summary of findings

Medicines were not always managed safely. Records were not always accurate and systems did not ensure that variable dosage medicines and other prescribed medicines were given as required.

Recruitment records did not confirm the provider had assured themselves that staff working had relevant checks undertaken to ensure they were suitable to work with people at risk.

Suitable training had not been provided to all staff to ensure they had the knowledge, skills and competence to undertake their designated responsibilities within the home.

People had their care needs assessed but the care plans did not reflect all the care needs of people and we could not be assured that staff knew and understood people's individual care needs.

The provider had not established quality monitoring systems across the service. Ways of reviewing the care and improving the care and quality of the service were not in place.

The service was clean and provided communal areas that had been improved recently. However, all the risks associated with the home had not been assessed or responded to. Staff understood their responsibilities to keep people safe from abuse. However, they were not clear what action to take to refer any concerns on to the appropriate authority. People said they were safe and risk assessments were used to minimise risks for people.

However, there were some good aspects of care. Feedback received from people and their representatives through the inspection process was positive about the care, the approach of the staff and atmosphere in the home. One relative said, "I would have no hesitation in

recommending the home, I am very happy with the way they care for my mother." Staff were kind, friendly and patient with people. Staff were mindful to people's privacy and dignity taking account their individuality.

People had a variety of food available at mealtimes, these were unrushed and people were encouraged and supported to eat independently. There were systems to monitor people's diet and ensure people who were not eating enough were appropriately supported.

Systems for sharing information between staff were established. Staff had regular contact with each other and the registered manager. Staff ensured regular and appropriate contact with health care professionals to ensure people's health care needs were responded to in a timely fashion.

People had their choices and preferences responded to by staff who understood their responsibilities in ensuring they gained consent to care. The registered manager had a working knowledge of the Mental Capacity Act 2005. They had applied for Deprivation of Liberty Safeguards (DoLS) in the past and ensured people had their rights taken into consideration if any restriction was considered.

Activity, entertainment and staff interaction was reflective to individual tastes. There was a choice of arranged activity including group and one to one interaction. People were looking forward to more outside walks and trips when the weather improved, which the registered manager and staff said would be provided.

The registered manager had a high profile in the home and managed by regular contact with staff people and relatives. She lived on the premises and staff knew where she was if they needed her.

There were a number of breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the 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?

Some aspects of the service were not safe.

The registered provider had not followed an established robust recruitment procedure.

Medicine records identified that medicines were not always managed safely. People were at risk of not receiving the correct prescribed medicine as records were not clear or accurate.

Staff knew how to recognise forms of abuse but were not confident with reporting procedures. There were systems in place to assess risks and reduce them.

**Requires Improvement**



### Is the service effective?

Some aspects of the service were not effective.

Staff had not received appropriate training and support to carry out their roles.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to have access to health care services as when they required them.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

**Requires Improvement**



### Is the service caring?

The service was caring.

People were supported by kind and caring staff who knew them well.

Everyone was very positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

**Good**



### Is the service responsive?

Some aspects of the service were not responsive.

Staff had a good knowledge of the people who used the service. However, people's care plans did not fully reflect people's care and support needs. Staff did not have clear guidance on how to meet all people's needs in a person centred way.

People could maintain relationships with friends and family and had the opportunity to partake in some entertainment and to follow hobbies and interests in the home.

**Requires Improvement**



# Summary of findings

There were systems in place to raise concerns and complaints with the provider.

## Is the service well-led?

Some aspects of the service were not well-led.

There were no systems in place for monitoring the quality of the service.

The home had identified values and objectives that were shared with staff.

The provider was available and approachable and committed to running the care home. She was readily available to people, relatives and staff, and responded to professional advice when given.

**Requires Improvement**



# Chardwood Rest Home

## 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.

On 1 April 2015 the Care Act 2014 came into force. To accommodate the introduction of this new Legislation there is a short transition period. Therefore within this inspection report two sets of Regulations are referred to. These are, The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. All inspections undertaken from 1st April 2015 will be completed against the new Regulations - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection took place on 26 February and 3 March 2015 and was unannounced.

The inspection team consisted of an inspector and an expert-by-experience, who had experience of older people's care services and dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed the information we held about the home which included any safeguarding

alerts, associated investigation undertaken by the local authority and notifications received. A notification is information about important events which the service is required to send us by law.

We spoke to a commissioner of care from the local authority before the inspection. After the inspection we spoke with a nurse from the district nursing team and we received feedback from a number of GPs that work from the three local GP practices.

During the inspection we spoke with six people who lived at Chardwood Rest Home. They were able to share their views and experiences on the home, with us. In addition we spoke with three visiting relatives, a visiting hairdresser, three care staff, a chef and the registered provider.

We observed care and support in communal areas and in individual rooms. We observed lunch sitting with people in the dining room and entertainment that was held in the lounge area. The inspection team spent time sitting in areas throughout the home and were able to observe the interaction between people and staff.

We reviewed a variety of documents which included three care plans and associated risk and individual need assessments. We looked at three recruitment files and records of staff training and supervision. We read medicine records and looked at policies and procedures, record of complaints, and records of maintenance, accidents and incidents and quality assurance records.

Chardwood Rest Home was registered as a new provider in July 2014 and therefore does not have a previous inspection report.

# Is the service safe?

## Our findings

People told us that they felt safe living at Chardwood Rest Home. They told us that staff looked after them well and safety aspects of care were taken into account. One person said, “I feel perfectly safe in the home and there are no risks of tripping over.” People felt that the home was secure and that staff knew who were coming and going from the home. Relatives told us people were safe as the home was warm and people were well looked after. One relative said, “I do not worry about my mother’s safety now she is here, I trust the staff.” Although the front door was locked to stop access to the home this did not restrict people leaving the home if they wished.

However, our own observations and the records we looked showed people were not always protected from the risk of harm. We found medicines were not always managed safely. The Medication Administration Record (MAR) charts were not always accurate. They had not been completed fully and signed by staff to confirm medicines had been given, or not. It was not possible to confirm that people had received their prescribed medicines, and in one case records indicated that a cream had been administered when it was not prescribed. We also found on one occasion medicine was given twice when it was prescribed to be given once a day. This may have impacted on people’s health and well-being as medicines had not been administered as prescribed.

Some medicines were ‘as required’ (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. The MARs did not record when pain killers were given, therefore staff could not be sure when it would be safe to administer further pain killers. Individual guidelines for the administration of PRN medicines were not in place for each person. These guidelines record why, when and how the medicine should be administered, for example maximum four dosages in 24 hours. The lack of clear guidelines for staff to follow meant medicines may not be given in a safe and consistent way.

This was a breach of Regulation 13, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a recruitment procedure to follow. However, records demonstrated this was not being followed. Not all the required checks were completed on staff before they worked in the home unsupervised. For example, we found one staff member was working without any references despite having worked in a similar job before, and another was working when only one reference had been received. Checks had not been completed to ensure staff conduct and performance at previous employment had been suitable. There was no evidence that people’s health had been checked in any way. Staff health problems may impact on how they are able to undertake their role and the provider needs to respond appropriately to health issues identified. The provider had not assured themselves as far as possible that all employees were of good character and were fit to work in their care home. This is a breach of Regulation 21, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records confirmed staff had a Disclosure and Barring Checks (DBS) completed by the provider. These checks identify if prospective staff had a criminal record or were barred from working with children or people at risk. Applications forms were completed and staff identification was confirmed. The registered manager was aware files needed to contain a recent photograph and was progressing this. Staff told us the registered manager had followed disciplinary procedures with staff as necessary with written warnings given in the past. This was to ensure staff adhered to the home’s procedures and job descriptions.

There had been a number of staff changes over the past six months. The occupancy of the home had also been reduced. This was due to people moving to different homes for changing and increasing care needs. People said there was enough staff to look after them and when they rang the call bell for assistance this was responded to promptly. People told us they missed the staff who had left, but the new staff were also nice. The staffing arrangements ensure two staff members worked in the home every day. The staff were supported by catering and domestic staff and the registered manager often works as an extra staff member. The nights were covered with one care staff member and a second sleeping staff member. The sleeping shift was often covered by the registered manager who lived in an adjoining property. Staff told us there were enough staff to

## Is the service safe?

meet people's needs on each shift. The manager reviewed the staffing arrangements regularly as they worked as a care staff member, and confirmed that these would be increased as the occupancy of the home increased. They advised the staffing would not be reduced from the current provision.

Staff understood their responsibilities to keep people safe from abuse and were able to describe what types of abuse they may come across. Staff had received training on safeguarding in the past, but not since they had worked for the current provider. Staff said they would report any concerns or any allegation to the registered manager. Who would then report to the relevant organisation including the police if necessary and the local authority. However, staff were not familiar with how to make a safeguarding referral if the registered manager was not available. Therefore safeguarding referrals may not be made in a timely fashion. The provider had not ensured that all staff were confident with safeguarding procedures in place to protect people from abuse. This was identified as an area for improvement.

Chardwood Rest Home was clean and it was evident that the provider had undertaken a number of improvements to the environment. This included a new dining room and larger garden. Works to improve the safety of the home had also been undertaken and included work on the passenger lift to ensure safe access for people throughout the home. A radiator was covered for safety and flooring had been replaced. However, the provider had not undertaken a full environmental risk assessment so could not be assured all

risks had been identified and responded to. The home had an emergency plan in place to respond to flooding, other emergency procedures were not in place. A fire risk assessment had not been completed and individual emergency evacuation plans had not been completed for each person, to identify how they would be assisted to evacuate. The provider had not taken steps to ensure the safety of people from unsafe premises and in response to any emergency situation. These areas were identified for further improvement.

A fire risk assessment had not been completed. During the inspection the registered manager contacted the local fire brigade for advice on safety issues and to progress a suitable fire risk assessment for the home. They had also ensured that the fire equipment had been maintained including a new fire panel for the alarm system.

Records confirmed people were routinely assessed regarding risks associated with the care and support provided. For example, the risks associated with pressure damage to skin were reviewed on a monthly basis. People were supported to move safely around the home, with support provided when needed and offered when people looked unsteady. Staff knew how to minimise risk for individual people and gave us examples of reducing risk for people using the toilet independently with the use of equipment including raised toilet seats. The registered manager confirmed further advice was being sought from the occupational therapist on moving people safely and promoting independence.



# Is the service effective?

## Our findings

People told us staff knew them well even though some were new, they felt they had the experience and skills to look after them. They told us staff and the registered manager were approachable and provided the right level of care. One person said, "Staff are very good and know what they are doing." However, from records and talking to staff we found there was no training programme in place for staff working at the home. Staff had not undertaken training on key areas of care to ensure care provided was appropriate and safe. For example, safeguarding and the medicine training had not been given and this had impacted on staff practice and understanding. The registered manager had planned for a number of staff to undertake a diploma in health and social care, but staff had not started this course and most booked on to the course had left the home. The registered manager had undertaken essential training recently and was aware that a suitable training schedule had to be arranged and delivered for all staff. The provider had not ensured suitable training had been established and delivered to ensure staff had the relevant skills and competencies to look after people living in the home appropriately.

This was a breach of Regulation 23, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff described people's daily care and support well and had an understanding of their individual needs. Care was overseen by the registered manager who communicated regularly with staff verbally, and a communication book was used for staff to share information between shifts. Staff also had verbal handover meeting when staff changed shifts. People said staff attended to their care needs well and they had the care they wanted and needed. One person said, "Staff help me with a shower when I want one." However, people did not remember being involved in writing a care plan. One relative told us they had seen a care plan and was happy it reflected the care her mother needed and wanted. Staff said people were able to make decisions about daily life and these were listened to and responded to. People were free to go where they wanted and when they wanted. One person had decided to stay in their room for the morning, but for a change decided to

have lunch in the dining room. Staff greeted her warmly and helped her sit at a table of her choice. People told us they went to bed and got up in the morning at times that suited them.

All feedback about the food was positive. People told us the food was of a good standard and was well presented. People said they were given plenty of choices and if they did not like what was offered they could always get an alternative. One person said, "The food is always good, they come round and check what you want." Relatives were complementary about the food saying it always looked appetizing and suited what people wanted. One relative told us how the food provided had enticed their relative to start eating more regularly, which had increased their weight and improved their health.

Most people ate lunch in the dining room, which provided an environment that allowed people to sit in small groups and to interact with each other. Two people chose to eat their meal in their own room and this choice was respected. The meal time was relaxed and unrushed and people ate their meals with minimal assistance, people were encouraged to eat independently. Staff were available and offered encouragement and monitored what people were eating. The registered manager told us that plate guards and adapted eating utensils would be provided if needed to maintain people's independence. People were offered drinks and we saw cold drinks were available in the dining room.

The chef spoke to people on a daily basis to ensure they had meals that met their needs and preferences. She knew what people normally ate and what they liked and did not like. Records were used when people's food intake needed closer monitoring and health care professionals were contacted when people's nutritional needs were a concern. For example, one person had stopped eating what they normally ate for no apparent reason, a food chart was used to monitor until her appetite returned to what was normal for them. Staff had spoken with relatives who had given relevant insight into possible reasons.

The Mental Capacity Act 2005 is an act introduced to protect people who lack capacity to make certain decisions because of illness or disability. Staff had not received recent training on this act, although they had a basic understanding about gaining consent and understanding if people did not have capacity to make decisions. All staff told us they would refer to the registered manager for



## Is the service effective?

advice and guidance if they had concerns. One staff member said, “We ask people what they want to do and they are able to tell us, we never do anything without consent.”

The registered manager had undertaken training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The registered manager demonstrated a working knowledge of both. They had applied for a DoLS authorisation in the past and worked with the local assessment team to minimise restrictions to liberty. Due to specific care needs this person was relocated to another home. The home had information and guidelines in place for staff to refer to.

People were supported to have access to healthcare services and to enable them to maintain good health. Visiting health care professionals including the district nursing team and local GPs told us the staff responded to

their advice and ensured people received the appropriate health care. Records confirmed that contact with relevant health care professionals was maintained on a regular basis. Staff told us when people’s health needs increased the registered manager took advice from other health professionals as to whether staff could continue to meet individual needs and what additional support should be in place. For example, the advice of the district nursing team was used when people were found to be at risk of developing skin damage.

People said that they had health care support when they needed it. One relative said, “Staff always contact the GP when needs be, and keep us up to date on any developments.”

The registered manager was very involved in people’s health care needs and ensured people attended any health appointments. On the day of our visits a relative telephoned to say they were late and the registered manager took a person to a hospital appointment to ensure they did not miss it.

# Is the service caring?

## Our findings

People were supported by kind and caring staff who spoke to them nicely. People told us staff were always there for them and treated them with respect. One person said, “Staff are all so kind and such nice people.” Relatives were also very positive about the staff, they said they were kind and supportive. One relative said, “Staff are caring and open, they listen and talk to you about what is going on. They are here because they care.”

Staff approached people in a sensitive, pleasant way, staff did not rush people and supported them in a way that promoted their independence. For example, staff allowed people to move at a speed that suited those using walking aides. One person told us, “The staff help you to help yourself.” This was important to people, who appreciated this took extra time. However, one person felt the support would be improved when extra staff were provided.

People told us they felt staff treated them with respect. They said staff never entered their rooms without being asked, they knocked first and explained what they were going to do. One person confirmed staff always made sure the door was closed when they had a bath. This made them feel that their dignity was being respected. Visiting professional told us that staff were kind and demonstrated a good relationship and approach to people. When they visited staff made sure they were able to see people in private allowing them the privacy they needed.

All of the bedrooms were used for single occupancy. Most rooms had personal possessions that reflected people’s past and contributed to their comfort. For example, some people had chosen to bring in their own furniture and ornaments. People were encouraged and supported in maintaining links with their friends and relatives. Relatives told us they could come at any time and were always welcome. One person told us their son came at all different times to fit in with their work and this was never a problem with staff.

People told us they were able to make their own choices and decisions about their care and how they spend their time. One person said, “I like my own space and stay in my room a lot, it’s my own choice.” Staff asked and offered choices to people throughout the day, this included choices about food, drinks and what people wanted to do.

When people moved into the home staff spent time getting to know the person to assess their needs, choices and preferences, some of these were recorded in their individual care plans. The registered manager told us that individual records for people to reflect person centred care were being progressed. Records confirmed that staff asked people about who they wanted to represent them and details about lasting power of attorney were recorded. Useful information on funding and dementia was available in the front entrance of the care home.

# Is the service responsive?

## Our findings

People told us they were happy with the level of activity and entertainment provided in the home. One person said, "I like sitting chatting and just looking." Staff spent time sitting with people and completing a quiz. During the afternoon a singer came to the home. Most people in the home came to the lounge for this entertainer and joined in with the singing. The mood of the home was lifted and people showed, and told us they really enjoyed this activity. One relative said, "Everyone really enjoys the singing, it brings everyone to life." People told us they were able to maintain links with family and friends and this was the most important thing to them

The registered manager told us people were assessed before they moved into the home to make sure the home would be able to provide them with the care they needed. On admission a further assessment was completed and included further information about their individual and specific needs and preferences. One relative remembered being involved in this assessment and told us it covered choices, preferences and people's life stories. However, other people told us they had not been involved in planning the care or any review of care provided, and there was no recorded evidence that people's needs had been discussed with them. There was no system in place to ensure people's individual care needs were assessed and reviewed to reflect individual needs.

We could not be assured that staff understood people's needs as they changed. We found the care plans did not reflect all the care needs for people and did not provide guidelines for staff to follow when caring for people. For example, one person was at risk of skin damage. This need was not reflected within care records. Staff did not understand the importance of the equipment being used to prevent any damage or how to monitor its use. Another person could become very upset if staff did not take an identified approach with them. This was not documented within records and staff relied on the registered manager to confirm any care to be provided. Staff would not know what action to take if the registered manager was not available. People's religion and beliefs were not recorded or assessed. Staff did not know if people had any particular

spiritual needs or preferences. We could not be assured that staff understood the care needs of people and would take a consistent and appropriate approach to care and support provided to them.

These issues were a breach of Regulation 9 (1), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a programme for structured entertainment and activity some people liked the formal sessions that included quizzes and bingo. Other people preferred to organise and be involved with things that interested them. One person spent most of their time in the garden. Staff supported this hobby, which was very important to him. People said they were looking forward to better weather so they could use the garden. The garden area had been improved and now had further seating and decking areas for people to sit outside in good weather. Other people spent their time reading and listening to music or the television. One person was taken for walks that included getting out close to the seafront. People told us they enjoyed having their hair done by the hairdresser who visited the home each week. A trolley with bits that included chocolates and cards was available in the home and people could buy from this if they wanted to. There was a scheduled time this was available, but staff could access for people if they wanted items.

There was a complaints policy at the home we told the registered manager that this should be updated to reflect most recent guidelines. People said they did not have any complaints at the moment, but if they did they knew who to report them to, they said they were always happy to speak to the registered manager. One person said, "I would speak to the manager, I like her and she is always around." Another person said, "If anything was wrong I would talk to my son and he would raise it with someone." Relatives were confident that any concern they had would be dealt with quickly and appropriately by the registered manager. There was a book to record complaints in and a complaints box was located in the communal space asking for feedback on the service provided. This encouraged people to pass on their views in an anonymous way if they wanted to. The registered manager confirmed that there had been no complaints received since the change of ownership in July 2014.

# Is the service well-led?

## Our findings

People told us they could always speak to the registered manager. They said they were always available and approachable. They knew that the home was under new ownership and felt the new registered manager had already improved things in the home. One person said, “I can talk to the manager, she has that sort of manner.” Relatives were positive about the staff and how the home was run by the registered manager, who they felt was professional and listened. One said, “This is a homely place with a nice atmosphere. Staff are caring and open.”

Since Chardwood Rest Home was bought in July 2014 the registered manager had worked closely with staff and had spent time with people and their relatives to gain their views on the service and possible changes. Before the home was bought the provider held a staff team meeting to communicate the future plans and to reassure staff. A further staff meeting had been held and a copy of the minutes were given to all staff to share information. Staff meetings had been used to convey the changes in management and their expectations from staff. However, the provider had not undertaken any formal quality review of the service, its facilities or the standard of the care provided. The provider and registered manager had no system to understand the potential risks to quality or what areas needed improvement. They had not established systems to gain feedback from people who used the service or worked in it to improve outcomes for people.

This was a breach of Regulation 10, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt supported and their views on care were listened to. There had been a number of staff changes since the change of ownership and management and we were told this was due to staff being unhappy with the way the new registered manager managed the home. However, people told us that although there had been a lot of staff changes they liked the new staff and the registered manager.

The new registered manager talked about developing a quality service at Chardwood Rest Home. She worked in the home every day and demonstrated a full commitment to the home. Staff were provided with a copy of an employee handbook in which the mission statement was contained. This included providing a secure, relaxed, happy, homely atmosphere. Staff talked about providing a home that people liked to live.

The registered manager was aware of their responsibilities in relation to managing the home and told us because of staff changes it was taking some time to establish a team to provide the service to the standard they wanted. The occupancy of the home had allowed them to review the staffing and they advised us they would not be increasing the occupancy until the staffing arrangements were stable. She had submitted required notifications to the Care Quality Commission (CQC) when certain incidents had taken place as required. These had recently included information relating to a breakdown of the passenger lift.

The home had been subject to a number of environmental improvements. This included additional communal space, an extended garden and a reconditioned passenger lift. When professionals identified required work to the registered manager she addressed these issues. For example, the Environmental Health Officer raised a number of issues around the kitchen area and she responded to them in a timely fashion.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 9 HSCA (RA) Regulations 2014 Person-centred care

The provider had not taken appropriate steps to ensure people received effective safe and appropriate care that met their individual needs and their rights. Regulation 9 (1)((a)(b)(c) (3) (a)(b)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not protected against the risks associated with the unsafe use and management of medicines.

Regulation 12(1)(2)(g)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have an effective system to regularly assess and monitor the quality of service that people received. Regulation 17(1)(2)(a)(e)(f)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff had not received appropriate training, professional development and supervision. Regulation (18)(1)(2)(a)

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

People who used the service were not protected against the risks associated with unsafe or unsuitable staff as effective recruitment and selection procedures were not followed and thorough checks were not undertaken.  
Regulation 19(1)(a)(2)(a)(3)(a)