

United Response

United Response - 9 Lavender 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?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This was an unannounced inspection carried out on 23 October 2015.

We last inspected 9, Lavender Road in October 2013. At that inspection we found the service was meeting all the legal requirements in force at the time.

9, Lavender Road is a six bed care home that provides accommodation and personal care for up to six people with learning disabilities. The bungalow is divided into two separate units and supports three people in each unit.

A relief manager was running the service during the long term absence of the registered manager. The relief manager was applying to become registered. A registered

Summary of findings

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.

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. People appeared content and relaxed. We had concerns however that there were not enough staff on duty at all times to provide safe and individual care to people.

Risk assessments were carried out but they did not identify all the risks to the person. People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. People received their medicines in a safe and timely way. However we have made a recommendation about the management of some medicines. People had access to health care professionals to make sure they received appropriate care and treatment.

Staff received regular training, supervision and appraisal. However, all staff had not received specialist training that showed they were competent to carry out their role.

People received meals cooked by staff. However, systems were not in place to ensure people's nutritional needs were met at all times and that they received a choice of food.

Lavender Road was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves.

Not all areas of the home were well maintained for the comfort of people who used the service.

People were supported to go on holiday and to be part of the local community. They were provided with opportunities to follow their interests and hobbies and were introduced to new activities. People were supported to maintain some control in their lives. They were given information in a format that helped them to understand and encourage their involvement in every day decision making.

Staff said the manager was supportive and approachable. There was regular consultation with staff, people and/ or family members and their views were used to improve the service.

A complaints procedure was available and written in a way to help people understand if they did not read. The home had a quality assurance programme to check the quality of care provided. However the systems used to assess the quality of the service had not identified the issues that we found during the inspection to ensure people received individual care that met their needs.

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?

Not all aspects of the service were safe.

People were sometimes at risk because sufficient staff were not always on duty to provide supervision and individual care to each person. Staff carried out ancillary duties that were not related to direct care.

Staff were aware of different forms of abuse and they said they would report any concerns they may have to ensure people were protected.

Policies and procedures were in place to ensure people received their medicines in a safe manner. However we had made a recommendation about medicines management.

Staff were appropriately vetted to make sure they were suitable to work with people who lived at the service.

Requires improvement



Is the service effective?

The service was not always effective.

Staff had not received all the training they needed to ensure people's needs were met effectively. Staff were given regular supervision and support.

People received appropriate support to meet their healthcare needs. Staff liaised with GPs and other professionals to make sure people's care and treatment needs were met.

People received a varied diet.

Requires improvement



Is the service caring?

The service was caring.

Staff were very caring and respectful.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care to the person.

People were helped to make choices and to be involved in daily decision making.

There was a system for people to use if they needed the support of an advocate.

Good



Is the service responsive?

The service was not always responsive.

Risk assessments were not always in place to keep people safe.

Requires improvement



Summary of findings

People did not always receive support in the way they needed because staff did not have detailed written guidance about how to deliver people's care. Support plans were not in place to meet all of people's care and support requirements.

People were provided with a range of opportunities to access the local community. They were supported to follow their hobbies and interests and were introduced to new experiences.

Is the service well-led?

The service was not always well-led.

A manager was in place. Staff told us they were supportive and could be approached at any time for advice and information.

The systems used to assess the quality of the service had not identified the issues that we found during the inspection. They were not effective as they had not ensured that people received care in a safe way and records reflected all of their needs.

Requires improvement



United Response - 9 Lavender 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.

Before the inspection we reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the local authorities who contracted people's care. They told us they had visited in February 2015 and had concerns about record keeping in the service. We spoke with the local safeguarding teams. We did not receive any information of concern from them.

This inspection took place on 23 October 2015 and was an unannounced inspection. It was carried out by an adult social care inspector.

We undertook general observations in communal areas and during a mealtime.

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. As part of the inspection we spoke with two people who were supported by Lavender Road staff, four support workers, a support worker from a day centre resource and the relief manager. We observed care and support in communal areas and checked kitchens, bathrooms, lavatories and all bedrooms after obtaining people's permission. We reviewed a range of records about people's care and checked to see how the home was managed. We looked at care plans for four people, the recruitment, training and induction records for three staff, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and the quality assurance audits the manager completed.

Is the service safe?

Our findings

Due to some people's complex needs we were not able to gather their views as they predominantly made their views known using non-verbal communication. Some people communicated they were content and all the people we observed appeared calm and relaxed as they were supported by staff.

We had concerns that staffing levels did not provide safe and person centred care to people at all times. At the time of our inspection there were six people living at the home. The manager and four support workers were on duty. Both units were staffed by two support workers to provide support to three people who all required two members of staff for assistance because of their physical needs, moving and assisting or health care needs. This meant when the two staff were providing personal care to one person the other two people were unsupervised on each unit. We noted one of the people was being monitored because of an increase in seizures, however when staff were unavailable to supervise the person they were at increased risk.

No ancillary staff were employed therefore the staff on duty were also responsible for cooking meals, laundering and cleaning each unit as well as providing care to people. This meant staff had less time to interact with people when they carried out non-care tasks. On one unit after tea we saw a member of staff vacuum whilst the other member of staff walked around to check people without interacting with them. Staff did not have time to thoroughly clean each unit to ensure an effective level of cleanliness and at the same time provide individual care to people.

This was a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

The manager told us and staffing rosters showed staffing levels were flexible and more staff were rostered depending upon people's activities and if they were going out. The manager told us some people were assessed to receive one to one care for some day care activities and we saw a support worker from a community based day service spent time with a person. They told us they worked with the person from 10:00am until 3:00pm.

We checked the management of medicines. People received their medicines in a safe way. All medicines were

appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed in the handling and administration of medicines. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines. The manager told us any reported medicine errors were reviewed and action was taken to strengthen systems and help protect people with regard to medicines management.

However, we had some concerns with regard to the management of medicines. We checked the medicine cabinet and saw that all 'when required' medicines did not show a date for when they had been opened. The medicine administration record (MAR) for one person showed the 'when required' medicine that had been prescribed did not record the current stock available as the number of tablets left in the pack was not recorded. It was also difficult to trace back to when the medicine had been prescribed. Instructions were available for staff for when it should be administered and the member of staff we spoke with knew the information. They said, "It's administered to reduce the person's anxiety when they have their bloods taken for testing purposes."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the manager. They were aware of the provider's whistle blowing procedure. They told us they currently had no concerns and would have no problem raising concerns if they had any in the future. Staff told us, and records confirmed they had completed safeguarding training.

The manager was aware of potential safeguarding incidents that should be reported. A log book was in place to record minor safeguarding issues which could be dealt with by the provider. One safeguarding referral to the local authority safeguarding adult's team had been raised since the last inspection and had been investigated and resolved.

Accidents and incidents were recorded and monitored by the manager to ensure actions were taken to prevent further incidents. For example, a person had slipped at the

Is the service safe?

swimming pool as they were being assisted to dress. As a result the manager had informed all staff that extra towels should be taken to dry the standing area to reduce the risk of this re-occurring.

Staff had been recruited correctly as the necessary checks had been carried out before people began work in the home. We spoke with members of staff and looked at three personnel files to make sure staff had been appropriately recruited. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before they were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people. Documents verifying

people's identity however were not available on staff records. Copies of interview questions and notes were available to show how each staff member had been appointed.

We saw from records that the provider had arrangements in place for the on-going maintenance of the building. Routine safety checks and repairs were carried out such as checking the fire alarms and water temperatures. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances. We also saw records to show that equipment used at the home was regularly checked and serviced, for example, the hoists and specialist baths.

We recommended the registered manager considers the National Institute for Health and Clinical Excellence guidelines on managing medicines in care homes.

Is the service effective?

Our findings

Staff had some opportunities for training to understand people's care and support needs. Comments from staff included, "We get plenty of training," and, "Some of our training is face to face and we do e learning on line as well."

We had concerns that all staff had not received the required training to meet people's needs safely and effectively. Some staff we spoke with told us they had not received training from a district nurse who had then signed them off as being clinically competent to carry out Percutaneous Endoscopic Gastrostomy (PEG) training. (PEG is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicines.) We were told some staff had received the training from the district nurse and the senior staff had cascaded this training to other staff. The staff on duty we spoke to had not received PEG training from the district nurse and had therefore not been signed off as being clinically competent to administer the person's food and medicines. We intervened and told the manager arrangements would have to be made immediately to ensure only staff who had received training from the district nurse should administer the PEG feeding to ensure it was dealt with safely and effectively. We checked the manager had made other arrangements for that night and over the weekend before we left the service.

This was a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Staff told us when they began working at the service they had completed an induction programme and had an opportunity to shadow a more experienced member of staff for a number of days. This ensured they had the basic knowledge needed to begin work. They said initial training consisted of a mixture of work books, face to face and practical training. One staff member said, "We do a twelve week induction when we start work to make sure we know about our role."

The staff training records showed staff received training in safe working practices. The manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff completed training that gave them some knowledge and insight into people's needs and this included a range of

courses such as, distressed behaviour person centred support, person centred thinking, equality and diversity, epilepsy and dementia care. They had also received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training.

Staff said they could approach the management team at any time to discuss any issues. We saw supervisions took place with staff. The manager told us they were an opportunity to discuss staffs' performance and training needs. Staff said they received an annual appraisal to review their work performance.

We had concerns accurate records and support plans were not in place to ensure people's nutritional needs were always met by staff. Although records showed people's weight was well-maintained, a formal system was not in place to ensure people identified as being at risk of poor nutrition were supported to maintain their nutritional needs. People were not routinely assessed against the risk of poor nutrition using a recognised tool. Staff completed daily 'food and fluid' balance charts for some people. However it was unclear whether the charts were a record of people's daily menu or whether they were being used when people had been identified as being at risk of poor nutrition. The charts did not accurately record people's nutrition and hydration. For example, the food charts recorded what the person ate but not always the quantity. In some instances where food could be itemised the record showed this. For example, "Three chips, one sandwich." However, it did not always show the amount consumed. A chart also recorded the person's fluid intake but this was not added up daily and there was no evidence of regular monitoring and evaluation of the findings.

We were told a person received 'Fortisip', a prescribed food supplement to build them up. However, a nutritional care plan was not in place to give staff instructions with regard to the support of the person. A risk assessment was available that contained instructions for the use of the PEG feed but it had not been transferred to a support plan to show how to support the person in the way they wanted. The manager informed us this would be addressed. This information was important if new staff did not know people's dietary needs as well as regular staff did. Referrals were made to relevant health care professionals, such as, GPs, dieticians and speech and language therapists for advice and guidance to help support a person as required.

Is the service effective?

Four weekly menus were in place but an alternative was not available to the main meal. We did not consider the menus always provided flexibility and person centred care to people. We observed staff on duty did provide some flexibility as rather than fish pie for the evening meal, chicken pie and vegetables were served as two of the people had enjoyed fish and chips when they were out for lunch. The evening meal was well presented and looked appetising. People ate all their food and we were told, “(Name), must be enjoying it as they’re very quiet.” People’s likes and dislikes were noted and the staff were aware of these. For example, one staff member told us, “(Name) likes salads.” We had concerns that although people lived in small group, a choice was not available at mealtimes and people did not have the opportunity for individualised menu planning as a four week menu was used.

This was a breach of Regulation 9 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

People were supported to maintain their healthcare needs. People’s care records showed they had regular input from a range of health professionals such as, an optician, dentist, speech and language teams, behavioural team and General Practitioner. Records were kept of visits.

CQC monitors the operation of Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These are safeguards put in place by the MCA to protect people from having their liberty restricted without lawful reason. We checked with the manager that DoLS were only used when it was considered to be in the person’s best interests. They were aware of a supreme court judgement that extended the scope of these safeguards. We found that as a result, all people living at the home were currently subject to such restrictions.

We were told a handover session took place, to discuss people’s needs when staff changed duty, at the beginning and end of each shift. However, we did not observe a formal verbal exchange of information about all people to ensure staff were aware of the current state of health and well-being of each person. There was a handover record

but it was more of an audit tool that provided only a small amount of information about people rather than it providing staff with all the relevant information so they were aware of risks. Staff told us the diary and communication book also provided them with information to help them make sure people’s needs were met.

The service was provided from a purpose-built bungalow that was well-decorated in most areas. We saw people’s bedrooms were comfortable and individualised and decorated according to their preferences. They contained personal items to reflect their interests and personalities. Paintwork to the doors and skirting boards in the hallways on both units were showing signs of wear and tear due to wheelchair use. We saw the floor covering in the shower room was discoloured and the seal joining the floor to the wall was also discoloured and stained in the Lavender unit. The floor covering around the lavatory pedestals in the Rowan unit were soiled and discoloured and lifting from the floor and presented a risk to infection control. The carpet in the lounge on the Rowan unit was also marked. The manager told us this would be addressed as they were identifying areas for decoration.

A hallway wall outside the office displayed confidential material that was relevant to staff and not people who used the service. As it was the people’s home it was not appropriate to display information for staff in a communal area of their home as it was not for the use of people who lived in the home. The manager said this would be addressed when the office had been decorated as all materials would be displayed there. The building was cold as the radiators were turned off throughout the building apart from bathrooms. We observed two windows were open in bedrooms which caused a draught into one of the lounges and we saw a person lying in a chair in the lounge was covered by a blanket. We discussed the coldness of the building with the manager. As some people were now retired and spending time at home we had concerns the temperature was not maintained adequately for their comfort and for those returning to the building from outside. The manager went around the building and turned all the radiators on.

Is the service caring?

Our findings

During the inspection there was a happy, relaxed and calm atmosphere in the home. Staff interacted well with people, joking with them and spending time with them when they had the opportunity. People were supported by staff who were warm, kind, caring and respectful. Staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them. This guidance was also available in people's support plans which documented how people liked and needed their support from staff. For example, "Remember I cannot see you. It comes as a shock to me when people start handling me without telling me what is happening."

Staff supported people to be as independent as possible and to maintain some control in their day to day living. Detailed information was in place that provided guidance for staff to enable the person and encourage their involvement whatever the level of need. For example, One person had a possum, which is an electronic aid. The person's support plan said, "I can use my possum which enables me to turn the television on and off and change channels. I can do the same in my bedroom."

Not all of the people were able to fully express their views verbally. Support plans provided detailed information to inform staff how a person communicated. For example, "Sometimes I like tactile communication, I will take your arm and put it around my shoulders." This meant staff had information to inform them what the person was doing and communicating to them. People were encouraged to make choices about their day to day lives and staff used pictures,

signs and symbols to help people make choices and express their views. We saw information was available in this format to help the person make choices with regard to activities, outings and food. Care records detailed how people could be supported to make decisions. For example, one person's support plan stated, "(Name) uses Picture Exchange Communication (PEC) and is able to choose their drink and breakfast." The staff member said, "(Name) will pick the cards that show what they want to eat and when we serve the food they give us the cards back." Records showed people were able to make other choices such as what to wear and when to get up and go to bed. For example, "(Name) is given a choice of clothes," and, "(Name) will inform you when they're tired and wish to go to bed," and, "(Name) sometimes likes a lie in until 10:00am at the latest." Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well.

People's privacy and dignity was respected. Staff knocked on the door as they entered each unit. They could give us examples of how they respected people's dignity. For example, bedroom blinds were kept closed until people were dressed. People's support plans referred to the need to respect people's dignity as staff delivered their care. For example, "(Name) needs to wear their dressing gown when being assisted to the lavatory when they get up."

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the manager or senior staff any issues or concerns. The manager told us if necessary a more formal advocacy arrangement would be put in place. Advocates can represent the views of people who are not able to express their wishes.

Is the service responsive?

Our findings

Due to some people's complex needs we were not able to gather their views as they predominantly made their views known through non-verbal communication.

We had concerns that records did not accurately reflect people's care and support needs. People's needs were assessed before they moved into the home to ensure that staff could meet their needs and that the home had the necessary equipment to ensure their safety and comfort. Some support plans were available that outlined how these needs were to be met. Assessments were not all in place with regard to mental capacity, pressure area care and continence.

We had concerns risk assessments for people's safety did not capture all the areas of risk to the person to ensure they received care that met their needs. The records showed three main risk assessments were undertaken for each person using the service. This included environmental risks, financial and any risks due to the health and support needs of the person. We saw individual risk assessments for these and one for the person with epilepsy. However, other risks to people's safety had not been assessed to address each individual's needs such as for choking, eating and drinking, moving and assisting, mobility and skin damage. Risk assessments were not part of people's support plans showing a clear link between care plans and the risk assessments. Information was not available for all risks that included clear instructions for staff to follow to reduce the chance of harm occurring. The manager told us this would be addressed.

Support plans that were in place described the intervention required by staff to help them provide the necessary care and support to people. However, they were difficult to follow in some areas and to find the information to check if some people's needs had been identified. For example, instructions to help support a person when they had a seizure were contained in the risk assessment rather than the information being transferred to a support plan. Support plans were not in place for nutrition, continence, dysphagia, (swallowing) and pressure area care to help staff provide support to the person and identify when other professionals needed to be involved. Detailed information was available with regard to people's personal care and how this was to be provided. The manager told us new support plans were being introduced by the organisation.

Records contained information about the best interest decision making process, as required by the Mental Capacity Act. Best interest decision making is required to make sure people's human rights are protected when they do not have mental capacity to make their own decisions or indicate their wishes. Information was available to show if people had capacity to make decisions and to document people's level of comprehension. However mental capacity assessments were not in place to show how this information had been derived. Staff, because they knew people well could tell us about people's levels of understanding.

A limited daily record was available for each person. However it was not individual and in sufficient detail to record their daily routine and progress in order to monitor their health and well-being. This was necessary to make sure staff had information that was accurate so people could be supported in line with their current needs and preferences.

People had a detailed profile and information was available which gave details about the person's preferences, interests and previous lifestyle. However the information had not been transferred into a support plan for the person that accurately detailed how staff should be meeting people's social care needs.

This was a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Staff told us people were supported to access the community and try out new activities as well as continue with previous interests. For example, we were told one person liked hydrotherapy for relaxation. A person told us they went fishing at the quayside and they liked football and went to watch the matches as they had a season ticket. A support worker told us, "We spend time on the computer beforehand preparing for the match reading about the players and the pre-match information." Some people attended a day placement. Records showed there were other activities and entertainment available for people. For example, shopping, baking, concerts, football, meals out, swimming, arts and crafts, bowling and relaxation at a sensory room. People were also supported by staff to go on individual holidays. One person had been to Blackpool and another had been to Silloth.

Is the service responsive?

Written information was available that showed people of importance in a person's life. Staff told us people were supported to keep in touch and spend time with family members and friends. Most people had visitors every week. The manager told us they had held an afternoon tea when they started and invited relatives in order to introduce themselves. They planned to hold another event before Christmas with people who used the service and their relatives.

People had a copy of the complaints procedure that was written in a way to help them understand if they did not read. A record of complaints was maintained. No complaints had been received since the last inspection.

Is the service well-led?

Our findings

The registered manager was not in post as they were on a leave of absence for a year. A relief manager was managing the home and had been in position since August 2015. They told us they were preparing to submit an application to become registered with the Care Quality Commission. We made the relief manager aware of their responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities if they occurred.

The relief manager said they had introduced changes to the service to help its' smooth running and to help ensure it was well-led for the benefit of people. They responded quickly to address any concerns that may be raised.

The atmosphere in the home was friendly. Staff said they felt well-supported. Comments included, "The manager is very approachable," "I love working here," and, "The manager is always available."

Staff told us separate monthly meetings took place for each unit. Team days also took place three monthly with the whole staff team. Meetings kept staff updated with any changes in the service and to discuss any issues. Minutes showed staff had discussed health and safety, staff rosters, training and the needs of people who used the service. Staff members told us meeting minutes were made available for staff who were unable to attend meetings. A staff member commented, "We have to attend at least four staff meetings in the year."

Records showed audits were carried out regularly and updated as required. Daily audits included checks on

finances, medicines management and the environment. Quarterly audits were carried out by a manager from another service to provide an independent view of the service. They included for health and safety, documentation, risk awareness and staff awareness of safeguarding. The results were sent to the area manager who had direct operational responsibility for the service and the provider's quality management team. The manager told us six monthly visits were carried out by the area manager to speak to people and the staff regarding the standards in the home. They also audited a sample of records, such as care plans and staff files. These audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required. Although records were audited monthly and included checks on care documentation and staff management, these audits had not highlighted deficits in certain aspects of record keeping such as risk assessments and ensuring the care plan contained detailed guidance so people received care in the way they wanted and needed. A financial audit was also carried out by a representative from head office.

The manager told us the registered provider monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were sent out annually to people who used the service. Surveys had been completed by people who used the service in 2014, however the findings were unavailable. The manager told us they planned to send out surveys to collect people's views and to make any improvements where necessary.

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 | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person had not ensured staffing levels were sufficient to provide safe and person centred care to people at all times. Staff had not all received the necessary specialist training to ensure they were competent to carry out their role.</p> <p>Regulation 18 (1) (2)(a)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Where meeting a service user's nutritional and hydration needs, the provider had not had regard to the service user's well-being.</p> <p>Records were not all in place to ensure people received safe and effective care. Systems were not in place to ensure people's nutritional needs were always met by staff.</p> <p>Regulation 9 (1)(3)(a)(b)(i)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had not ensured systems and processes were established and operated to ensure compliance with the registered persons need to: assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk, by maintaining an accurate, complete and contemporaneous record for each person; evaluating and improving their practice.</p> <p>Regulation 17 (2)(a)(b)(c)(f)</p> |