

Briarmede Care Limited

Briarmede Care Home

Inspection report

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Middleton
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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

Briarmede Care Home offers accommodation and personal care for up to 32 older people. The home is situated on the main road which connects the towns of Middleton and Rochdale. There is a frequent bus service that passes the home and there is a car park to the rear.

This was an unannounced inspection carried out on the 28 April 2015. At the time of our inspection there were 23 people living at the service.

The home had a manager who was registered with the Care Quality Commission. 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.

We last inspected the home in July 2014. We found the provider was meeting all of the regulations we assessed at that time.

During this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Summary of findings

People were supported by sufficient numbers of staff to meet their needs. However we found opportunities for staff training could be enhanced so that staff were able to develop their knowledge and understanding in relation to the specific needs of people.

The manager was aware of their responsibilities with regards to the deprivation of liberty safeguards. Suitable arrangements were made where people lacked the capacity to make decisions for themselves so that they were protected.

We found systems to monitor, review and assess the quality of the service were not in place to help ensure that people were protected from the risks of unsafe or inappropriate care. Whilst people and their visitors said they felt able to raise any issues or concerns, we found that records were not maintained to show that information received had been acted upon.

Checks were made to the premises and servicing of equipment. However suitable arrangements were not in place in the event of an emergency to help ensure that people were kept safe.

We found the management and administration of people's medicines was not safe.

People and their relatives were involved and consulted about the development of their care so their wishes were considered and planned for. People were happy with the care and support they received and told us that staff were caring and friendly.

We talked to staff about how people were protected from harm. Staff were confident in describing the different kinds of abuse and signs which may suggest a person might be at risk of abuse. They knew what action to take to safeguard people from harm.

People were offered adequate food and drinks throughout the day ensuring their nutritional needs were met.

Routines were relaxed, with people spending their time as they chose. Activity staff were exploring a range of activities so that people's social and emotional needs were considered.

During our visit we saw examples of staff treating people with respect and dignity. People living at the home and their visitors were complimentary about the care and support provided. Sensitivity and compassion had been shown to people at the end of their life.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. People were supported by sufficient numbers of staff. Some improvement could be made when recruiting new staff to ensure all relevant information and checks are in place prior to them commencing work.

Whilst areas of risk had been identified in people's care records, assessments had not been completed to show how people were to be kept safe. We found suitable arrangements were not in place with regards to the safe management and administration of people's prescribed medicines.

Staff had access to procedures to guide them in the safeguarding of vulnerable adults. Staff spoken with were able to tell us what action they would take if they suspected abuse had occurred.

Requires improvement



Is the service effective?

The service was not always effective. Training opportunities were provided. The manager was aware gaps in training were to be so that staff developed the knowledge and skills needed to carry out their roles.

The manager was aware of their responsibilities with regards to the deprivation of liberty safeguards so that people's rights were protected. Information and training to guide staff were needed to help staff understand how to protect people.

People were provided with a choice of suitable food ensuring their nutritional needs were met. Relevant advice and support had been sought where people had been assessed at nutritional risk.

Requires improvement



Is the service caring?

The service was caring. People and their visitors spoke positively of the kindness and caring attitude of the staff. We saw that staff treated people with courtesy and respect.

The staff showed they had a good understanding of the needs of people they were caring for. People at the end of their life and their relatives were supported in a sensitive and dignified manner.

A better way of managing people's laundry should be explored so that people are helped to maintain their appearance in a dignified way.

Good



Is the service responsive?

The service was not always responsive. Systems were in place for the reporting and responding to people's complaints and concerns needed improving to show, where necessary, action taken to address poor practice.

Requires improvement



Summary of findings

People and their relatives were involved and consulted about how people wished to be cared for. People's care records included good information to guide staff about their individual likes, dislikes and preferences.

Routines were relaxed, with people spending their time as they chose. Activity staff had been employed and were exploring a range of activities so that people were offered variety to their day.

Is the service well-led?

The service was not always well led. Effective systems were not in place to assess, monitor and review the service so that continuous improvements were made to enhance the experiences of people.

The manager had notified the CQC as required by legislation of any accidents or incidents, which occurred at the home. This information helps us to monitor the service ensuring appropriate and timely action has been taken to keep people safe.

Requires improvement



Briarmede Care 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 checked 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.

This was an unannounced inspection and took place on the 28 April 2015. The inspection team comprised of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who joined the inspection had experience of working with health and social care services.

During the inspection we spent time speaking with four people who used the service, twelve visitors, the visiting hairdresser, four care staff as well as the cook and manager.

As some of the people living at Briarmede Care Home were not able to clearly tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also looked at three people's care records, three staff recruitment files and training records as well as information about the management and conduct of the service.

Prior to our inspection we contacted the local authority commissioning and safeguarding teams to seek their views about the service. Feedback was received from the commissioner. We were not made aware of any concerns about people's care and support. We also considered information we held about the service, such as notifications, safeguarding concerns and whistle blower information. We did not ask the provider to complete a Provider Information Return (PIR), prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

All the people we spoke with said they felt safe at Briarmede Care Home. People told us; "The staff are very nice and the rooms are kept clean. I feel safe here. The girls try very hard", "I feel safe. You just have to press the buzzer if you need help" and "I like it here very much. The girls are smashing. I feel safe."

People's visitors also told they felt their relatives were kept safe. Their comments included; "I think that she's well looked after and I feel safe in the knowledge that she is here", "I do feel he's safer here than at home because of the facilities here", "It's a safe environment. [Relatives name] has two carers to support them when walking" and "The main thing is [relative's name] is safe here. She gets her medication on time."

We looked to see how the medication system was managed. All items were stored securely and only administered by staff that had been trained to do so. Training records showed that senior staff and a number of care staff had received medicine management training.

We checked the systems for the receipt, storage, administration and disposal of medicines including controlled drugs. We checked the medication administration records (MARs) for six people who used the service. On one of the MAR's handwritten entries had not been double signed to verify information corresponded with the person's prescription and on two further MAR's the dates recorded were inaccurate and did not reflect the dates administered to people.

We saw that end of life medicines had been prescribed for two people. Items had not been recorded in the controlled drugs register nor was there a medicines record to show what items were being stored. There was also no record of a PRN medicine (when required) prescribed for a third person. This meant medicine could not be accounted for. When asked, the senior care worker was unable to explain why these medicines had not been recorded. We raised this with the manager and area manager who were unaware of this. We were told this would be addressed immediately.

This was a breach in Regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

as people were not protected against the risk of unsafe care and treatment as the management and recording of people's prescribed medicines was not accurate and up to date.

We looked at three staff personnel files and saw that a safe system of recruitment was in place. The staff files contained an application form documenting a full employment history, a job description, proof of identity and a signed contract of employment. Written references had been sought and checks had been carried out with the Disclosure and Barring Scheme (DBS). This service prevents unsuitable people from working with vulnerable groups, including children, through its criminal record checking and barring functions. We discussed our findings with the manager who said this would be followed up.

We looked at the staffing arrangements in place to support people living at Briarmede Care Home. We spoke with staff and visitors, looked at staffing rotas and observed the support offered throughout the day. The manager told us that staff rotas had recently been reviewed due to reduced occupancy levels at the service. Staff spoken with said they felt there were enough staff available to support the needs of people. Rotas examined showed that in addition to the manager and deputy manager, there was a senior care worker and two care workers throughout the day. They were supported by kitchen and domestic staff. Night cover comprised of two care staff with additional support from 'on-call' staff should further assistance be required.

However two visitors told us, "At times they could with more staff on. There are not enough staff on to look after all the residents" and "The staff are very nice but they are very busy." Visitors were concerned that there was no longer a designated member of staff working in the laundry. We were told this had become the responsibility of care staff. Visitors felt care staff should spend their time with people who use the service as opposed to doing domestic tasks. From our observations we saw sufficient numbers of staff were available. Staff were seen to be busy throughout the day however had time to spend sitting and chatting with people. The manager told us that staffing levels were kept under review by the management team and amended should the needs of the service change.

The care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition, pressure care prevention and falls. On one person's file we saw that the person was at risk of falls

Is the service safe?

however an assessment had not been completed to help reduce or eliminate the risk to the person. On a second file we saw a pressure ulcer care plan detailing the level of support required and pressure relieving equipment provided to assist the person. Weight records showed the person had a small weight loss, was at potential risk of falls and was assessed at high risk in relation to their mobility. However risk assessments in relation to nutritional or pressure ulcer prevention (Waterlow) had not been completed to show how the person was to be kept safe. These assessments help to guide staff so that appropriate action is taken where necessary to minimise the risks to people.

Suitable arrangements were not in place to help manage and reduce risks, protecting the health, safety and welfare of people. This was a breach in Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at what systems were in place in the event of an emergency, for example a fire. Regular in-house fire safety checks had been carried out to check the fire alarm, emergency lighting and extinguishers were in good working order and the fire exits were kept clear. We saw the fire risk assessment had not been reviewed since 2012. Personal emergency evacuation plans (PEEPs) were in place for each person however we discussed with the managers the need for information to be made easily accessible should an emergency arise. The manager told us the service did not have a formal contingency plan in place for emergencies, however verbal agreements with other local services had been made should assistance be needed in the event of an emergency arising.

Clear accessible information to guide staff in the event of an emergency should be provided to help protect people from harm or injury. This was a breach of Regulation 17 (2)(b) of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014.

We looked at the documents that showed the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

We saw policies and procedures were in place to guide staff in the safeguarding of adults. Records showed that staff training had been provided in this area. Those staff we spoke with were able to tell us what they would do if an allegation of abuse was made to them or if they suspected that abuse had occurred. The staff were also able to demonstrate their understanding of the whistle blowing procedures. They knew they could raise concerns in confidence and contact people outside the service if they felt their concerns would not be listened to.

We spent some time looking around the service. The manager told us and we saw that a programme of refurbishments was under way. We found all areas of the home were accessible to people. However the entrance to the service was not easily accessible for those people who used a wheelchair or with limited mobility. We spoke with the manager and area manager, who said this would be considered as part of the refurbishments plans for the service. We saw that, to keep people safe access to the home was via a locked door so the risks of entry into the service by unauthorised persons were reduced.

Is the service effective?

Our findings

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The manager told us that there was no-one currently living at the service who was subject to a DoLS. They were aware of their responsibility in seeking authorisation to the supervisory body (local authority) where a person was being deprived of their liberty. We saw a policy and procedure was available to guide staff in the Mental Capacity Act 2005 (MCA) and DoLS procedures however this was dated 2012 and had not been reviewed and updated. We discussed with the manager the need to review this and a number of other policies so that staff had access to accurate information, which reflected current good practice guidance and legislation.

An examination of training records showed that of the 22 staff nine had completed training in DoLS and only four staff had completed training in MCA. Care staff we spoke with were not able to demonstrate their understanding of MCA and what could potentially constitute a deprivation of liberty. This training is important and should help staff understand that assessments should be undertaken, where necessary, to determine if people have capacity to make informed decisions about their care and support. It should also help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure that they are looked after properly and are kept safe.

The deputy manager told us how they involved people and their families in the development of their care records so this reflected how people wished to be cared for. The manager gave us an example of and we saw records to show where a 'best interest meeting' had been held where a person lacked the capacity to make a specific decision for themselves. A 'best interest' meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person using the service. We saw evidence of a 'best interest' meeting that had been held.

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Briarmede Care Home. We spoke with the manager, deputy manager and care staff and examined training records.

Staff spoken with said they had completed an induction when they commenced work at the service. One staff member said they had spent time shadowing experienced members of staff who advised them on people's support needs and what was expected of them. They said they had also completed basic training in moving and handling, nutrition and fire and fire safety. Staff told us, "The staff are great" and "We work well as a team."

The deputy manager said they had been supported to develop their knowledge and skills relevant to their role. They had completed vocational training in health and social care, had recently commenced a leadership course as well as completing other training in Six Steps End of Life care, safeguarding for managers and MCA and DoLS.

We were told that training was provided by the local authority partnership and internally with the aid of DVD's. An examination of staff training records showed that training was offered in a range of topics such as areas of health and safety, safeguarding, nutrition, MCA and DoLS and dignity in care. Training was to be scheduled for those staff yet to complete some areas. The manager told us they were considering providing a specific care for people living with dementia. They were aware more specific training would be needed to help staff develop their knowledge and skills.

The manager told us that a programme of staff supervisions and team meetings had been implemented. Staff spoken with said they met with the manager to discuss their work and felt supported in their role. Staff said they felt able to ask questions or raise concerns with senior staff or the manager should they need to. One member of staff said, "We have a good relationship with the manager." We saw minutes from a recent meeting held in April 2015 which detailed the discussion with staff about concerns in care practice and the management of people's laundry. We were told that meetings were held twice a year with all staff and more frequently with senior and night staff.

The care records we looked at showed that people had access to external health and social care professionals. We saw evidence of visits from GPs, opticians and community nurses. The deputy manager told us that staff would always provide an escort, unless requested otherwise, when people attended appointments or an emergency arose and they needed to attend hospital. This helped to ensure the needs of people were communicated to other agencies so that continuity of care could be provided.

Is the service effective?

The senior care worker told us that the service utilised an NHS scheme whereby medical advice and support was provided via a video link with the medical staff based at a hospital. This meant people were able to have immediate access to medical staff without leaving the home. The purpose of this scheme was to reduce the number of people attending A&E departments or where people required admission to hospital this was arranged by bypassing A&E. The senior support worker said they thought the scheme was beneficial to people living at the service. People's visitors told us they were kept informed if there were changes in their relative's health. One visitor said, "The staff are very supportive, they always keep in contact, they have been brilliant." Another visitor said, "They've dealt with his medication. They got an optician out to see him and he's had his feet done."

We checked to see if people were provided with a choice of suitable and nutritious food to ensure their health care needs were met. Menus were generally displayed covering a four week cycle. We looked at the kitchen and food storage areas and saw good stocks of food were available. Staff told us that food was always available out of hours. The care records we looked at showed that additional monitoring was completed where people were at risk of inadequate nutrition and hydration. We saw that action was taken, such as referral to a dietician or their GP, if a risk was identified.

We observed the lunchtime service. We saw staff were attentive to the needs of people offering support where necessary or offers of help, such as cutting food up so people were able to eat their meal independently.

We were told that not all meals were prepared and made at the home. Some of the meals were supplied by 'Apetito'. This company provides ready prepared meals, which are nutritionally balanced. On some days, meals were made at the home. A member of the kitchen staff told us; "They didn't ask me and they didn't ask the residents (when the food supplier was changed)." Some of the comments we received from people about the meals offered were not positive. One person said; "I am not impressed by the food. The other day we had liver and it was like leather. It is not as good as it was, although we had homemade meat and potato pie and it was very nice." Another person also told us; "The food is not very good. It was when I first came here. They buy things in now, like cheese bakes. They used to ask what we wanted but they don't now. I just have potatoes and veg. They do get tongue and Scotch Broth in for me." A third person commented; "I don't want any more of this (porridge) it's too thick."

One staff member said, "There is more waste now." However from our observations we found people enjoyed the meal and there was little food left over.

Two visitors felt their relative's diet and weight had improved whilst living at Briarmede Care Home. One visitor said, "They make sure my relative gets drinks. She has maintained her weight too." Another visitor added; "[relative's name] health has definitely improved since he's been here and he has put on weight."

Is the service caring?

Our findings

People spoke positively about the care and support they received from staff. One person told us; “It’s quite good here, the staff are very caring.” The relatives of two people added; “Me and my sister are really happy with it. We think it’s really like home. [Relative] considers it to be their home now” and “It is very nice here. The staff are very friendly and welcoming.”

People and their relatives told us staff ensured any changes in health were addressed so that people’s health and well-being was maintained. People told us; “They looked after me when I was poorly.” A visitor said; “They have provided a special bed for my relative and the turning records are kept up to date.”

Staff spoken with had a very good understanding of the needs of the people they were looking after. We saw staff treated the people with dignity and interactions were respectful and caring. People and their visitors were seen to enjoy a friendly rapport with staff. Staff spent time speaking with people throughout the day as well as checking if people needed any assistance or wanted a drink.

We asked senior staff to tell us how staff cared for people who were very ill and at the end of their life. We were told additional advice and support was sought from the district nurses and the person’s GP so that all necessary health care treatment was provided. We spoke with the relatives of one person who was poorly and being cared for in bed. They were very complimentary about the standard of care offered to their relative and the time and sensitivity shown by staff had been extremely supportive during this difficult time. They said they had been made welcome, were able to

stay as long as they wished to and were provided with refreshments. Their comments included; “The staff have been excellent with [relative] and us. We could not have asked for better”.

We received several comments about the management of people’s laundry. We were told that items were sometimes lost and people’s clothing was not pressed. One visitor we spoke with said their relative had always taken pride in their appearance. Other comments included; “Clothes go missing, so we have put name tags on” and “Sometimes there is confusion about the washing.” The manager and area manager told us they did not provide an ironing service.

Whilst it was acknowledged some items may not need pressing, others would. A better way of managing people’s laundry should be explored so that people are helped to maintain their appearance in a dignified way.

We spent time speaking with people and observing the support offered in the large open plan lounge/dining room. Routines were relaxed; whilst two people preferred the privacy of their own rooms, other people spent their time in the communal areas. We saw the noise coming from the stereo and two televisions was distracting. It was unclear how people were able to listen to either the television or stereo due to the noise coming from each system. We discussed this with the manager and area manager as the noise was quite disorientating. We were told that some of the equipment had broken and therefore could not be switched off and isolated to a specific area. Managers said this would be considered as part of the refurbishment taking place.

Is the service responsive?

Our findings

People told us that staff responded well to their needs. We spoke with the deputy manager about the assessment process when people were considering moving into the service. We were told that an assessment of people's needs was undertaken so that relevant information could be gathered. This helped the service decide if the placement was suitable and if people's needs could be met by staff. This information was then used to develop the person's care plan.

One person's visitor told us their relative had made the decision to move into the service. They had previously visited other people at the service and were confident their needs could be met. We were told that family members had visited the service before making a decision, to look around the home and discuss what the service offered to people. We were told staff had been, "Welcoming and friendly" and they had found the service, "Homely." Another person said, "As far as I am concerned I have chosen the right place" and "If you want anything you only have to ask and they get it for you."

We looked at the care records for three people who used the service. We saw pre-admission assessments had been completed. There was good information about the emotional, social and personal care needs of people. Peoples' likes, dislikes, preferences and routines had been incorporated into their care plans. This information explored when people liked to rise and retire, how people liked to spend their time or meal choices. On one file we saw information had been recorded in a sensitive manner so that staff knew what to do in the event of their death, so the person's wishes were respected. Records provided good information to guide staff. Staff spoken with were clearly able to demonstrate their understanding of people's needs and wishes. Record had been reviewed on a monthly basis so that any changes in need were identified.

We looked at how people spent their time and explored what activities and opportunities were made available to

people. The manager told us that an activities co-ordinator had recently been appointed to work 15 hours per week. We spoke with the activities co-ordinator who said they were spending time speaking with people about their preferences, which would help to develop the programme of activities offered. During the afternoon we saw them talking to a number of people reminiscing about their early lives and Whit Walks in their area. Whilst this was with a small group, people were engaged and enjoying the discussion.

Two visitors we spoke with commented about the lack of stimulation offered to people. They said, "The activities are abominable" and "If they had more activities it would help." It was acknowledged by the manager that this was an area of improvement. However they were confident that the new activities co-ordinator would develop opportunities for people, offering stimulation and variety to their day.

We saw a complaints procedure was available for people and their visitors to refer to. Information did not accurately advise people of the external agencies they may wish to contact should they need to. We asked the manager how they addressed any issues or concerns brought to their attention. We were told no formal written complaints had been received. However we had been told by visitors and saw meeting minutes to show that visitors had raised concerns about the management of people's laundry. This information should be recorded to show that information received from people is taken seriously and has been acted upon. People and their visitors told us they felt able to speak with staff if they had any issues or concerns. One person said, "The staff are very professional and approachable."

This meant there was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems were not in place to clearly inform people about the process and records were not completed to show that people's concerns were taken seriously and acted upon.

Is the service well-led?

Our findings

The service had a registered manager however they did not have day to day responsibility for the care and support provided by the service. Their role focused on areas in relation to building and maintenance. A further manager had been appointed and changes in the manager registrations were being made. The manager was supported on a day to day basis by an area manager and deputy manager.

The manager told us they kept their knowledge and skills up to date by attending training and provider meetings. They were currently completing a management course and had received training relevant to their role. This included training for managers in safeguarding adults and Mental Capacity Act 2005 and DoLS. This enabled them to guide and support the staff team.

People and their visitors said their experiences had been positive about the quality of care and support offered to them. Their comments included; “There is nothing I would change. I am very happy here”, “My relative originally came here for day care. They are really good here”, “To be honest so far we’ve had no problems”, “My relative’s needs are being catered for much better here”, “I’m genuinely very pleased”, “The home has got a friendly atmosphere” and “This home is better than others I go to. The people all seem to be well looked after”.

We asked the manager how they monitored and reviewed the service so that areas of improvement were identified and addressed. The manager told us that annual feedback questionnaires were distributed to people and their relatives. Relative and residents meetings were to be reintroduced so that events and ideas could be shared. Staff told us and we saw information to show that systems were in place to support the staff team and seek their feedback about the service.

The manager did a weekly report, which was sent to head office. This explored areas such as, events within the home, staffing, occupancy. The area manager told us that senior management meetings were to be implemented. We were told these meeting were to support managers in developing services and inform the development of the business/improvement plan.

The manager told us that whilst they had an overview of the service they did not complete audits to monitor and review all areas of the service. The deputy manager ensured care plans were reviewed and updated. However monitoring of areas such as accidents and incidents, staff training and development, health and safety were not completed. This meant any areas of improvement had not been identified and actioned. We also looked at some of the policies and procedures in place to guide staff in their work. The manager had reviewed documents in 2014 however some of the information was inaccurate or out of date.

This meant there was a breach of Regulation 17(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as effective operations to assess, monitor and improve the quality and safety of the service were not in place.

We discussed with the manager the whistle blower information shared with CQC and the local authority. The manager was aware of the issues and provided records to show what action they had taken to respond to the matters raised.

Before our inspection we checked our records to see if accidents or incidents that CQC needed to be informed about had been notified to us by the manager. Information about events within the home had been provided. This information helps us to monitor the service ensuring appropriate and timely action has been taken to keep people safe.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not protected against the risk of unsafe care and treatment as the management and recording of people's prescribed medicines was not accurate and up to date.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

Suitable arrangements were not in place to help manage and reduce risks, protecting the health, safety and welfare of people.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Clear accessible information to guide staff in the event of an emergency should be provided to help protect people from harm or injury.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Systems were not in place to clearly inform people about the process and records were not completed to show that people's concerns were taken seriously and acted upon.

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Effective systems to assess, monitor and improve the quality and safety of the service were not in place.