

Community Integrated Care Maitland Terrace

Inspection report

39-40 Maitland Terrace
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 21 and 24 February 2017 and was unannounced. A previous inspection undertaken in December 2014 found there were no breaches of legal requirements.

Maitland Terrace is a purpose built bungalow complex, comprising two connected units, which provides places for up to seven people with learning disabilities who need care and support. The home is situated in a residential area of Newbiggin by the Sea. It is fully accessible and benefits from a large garden area. At the time of the inspection there were seven people living at the home.

The home had a registered manager in place and our records showed she had been formally registered with the Care Quality Commission (CQC) since November 2016. A registered manager is a person who has registered with the CQC 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 were supported by the registered manager throughout the inspection.

Staff were aware of safeguarding issues and told us they would report any concerns around potential abuse. There had been no recent individual safeguarding issues. The home had responded to pointers outlined in a general visit by the safeguarding team.

Checks were carried out on the equipment and safety of the home. It was unclear if appropriate fire drills and fire training had been undertaken in recent months. Risk assessments linked to people's care were not always updated in a timely manner. We noted some issues with regard to cleanliness and infection control. The majority of these matters had been addressed by the second day of the inspection.

Staff told us they felt there were enough staff at the home and said they were able to accompany people to access the community and support them with their personal care needs. Proper recruitment procedures and checks were in place to ensure staff employed by the service had the correct skills and experience. Medicines were not always managed effectively. Medicine records were not always clear or up to date.

Staff told us they had access to a range of training. The registered manager told us she was in the process of ensuring all staff training was up to date. With the exception of fire training, records showed there was a high level of completion. Staff told us they had been subject to annual appraisals. The registered manager told us she was in the process of arranging review (supervision) meetings.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals. Appropriate applications for DoLS had been made by the registered manager.

There was some evidence best interests decisions had been made in the past. It was not clear for one person if appropriate consent or a best interests decision had been made for the use of bedrails. We have made a recommendation about this.

People had access to health care services to help maintain their physical and psychological wellbeing. Advice from such interventions was incorporated into people's care records and followed by care staff.

People were supported to access adequate levels of food and drink. Specialist advice had been sought, where necessary, and guidance followed. People's weights were monitored.

We observed there to be good relationships between people and staff. People looked happy and relaxed in staff company. Staff understood about treating people as individuals and with dignity and respect. People's personal space and choices were respected.

People's needs had been assessed and individualised care plans and risk assessments developed that addressed identified needs. Some care plans had detailed information for care staff to follow. Other care plans lacked specific detail about how to support people. Reviews of care plans were not always timely, detailed or appropriately recorded. People were supported to attend various events and activities in the local community. The manager told us there had been no formal complaints in the last year.

Regular checks and audits were carried out on the service by the registered manager, the regional manager and the quality assurance manager. These checks had not highlighted the issues identified at this inspection, or points highlighted for action had not been completed or followed up. Staff were positive about the registered manager and the support they received. They said there was a good staff team and felt well supported by colleagues. Daily records at the home were not always up to date and were sometimes limited in detail.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the Safe care and treatment and Good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Risk assessments had been undertaken with regards people's individual care, but had not always been updated. Safety checks were in place, although fire training and fire drill records could not confirm these had taken place. Accidents and incidents were recorded and monitored. Medicines were not always managed and recorded appropriately and safely.

Staff had undertaken training on safeguarding issues and recognising potential abuse.

Proper recruitment processes were in place to ensure appropriately experienced staff worked in the service. Staffing levels were maintained to ensure individualised care.

Is the service effective?

Good 

The service was not always effective.

A range of training was in the process of being reviewed and updated. Annual appraisals had been undertaken. The manager said review meetings were in the process of being planned.

The registered manager was aware of the Mental Capacity Act 2005 and staff understood the concept of best interests decisions. There was some evidence of historical best interests decisions, although one person had bedrails in place without any clear evidence of appropriate consent.

People were supported to maintain good health and wellbeing and adequate levels of food and drink. Specialist advice on diets had been sought and was followed.

Is the service caring?

Good 

The service was caring.

We observed good relationships between people and staff. People looked happy and relaxed in staff company.

People were involved in day to day decisions about their care, as much as possible.

People's dignity was protected and they were treated with respect.

Is the service responsive?

The service was not always responsive.

People had assessments of their needs. Some care plans had good detail, whilst other lacked sufficient information to allow staff to effectively support people. Reviews of care plans were limited and lacked detail.

People were encouraged to engage in a range of activities and events in the local community. People's choices were supported.

There had been no formal complaints in the last 12 months.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

A range of checks and audits were undertaken, although these had failed to identify the issues found at this inspection, or action points from audit reports had not been completed. Daily records and other care records were not always up to date or completed appropriately.

Staff talked positively about the support and leadership of the registered manager. They said they were happy working at the service and there was a good staff team there.

Regular staff meetings took place and staff told us they could actively participate in these.

Requires Improvement ●

Maitland Terrace

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.

This inspection took place on 21 and 24 February 2017 and was unannounced. This meant the provider was not aware we intended to carry out an inspection. The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local authority prior to the inspection for any information they held about the home. We used their comments to support our planning of the inspection.

People using the service were not always able to communicate with us in detail, but we observed they looked happy and relaxed. We spoke with two members of staff, the registered manager, the senior care worker and the quality assurance manager. Following the inspection we spoke with a relative of one person who used the service.

We reviewed a range of documents and records including; three care records for people who used the service, four medicine administration records, three records of staff employed at the home, accidents and incident records, minutes of meetings, communication documents and a range of other quality audits and management records.

Is the service safe?

Our findings

On the first day of the inspection we looked at safety systems for checks on the equipment and the environment of the home. We could find no evidence of any fire drills being undertaken at the home in the previous 12 months. We asked the registered manager about this. She told us the home had a designated fire warden who dealt with such issues. We asked the member of staff who was the fire warden about fire drills. They told us there had been a drill at the home in December 2016, but there was no record of it. We asked about any drills undertaken prior to December. The member of staff was unsure about when such drills were undertaken.

We asked the registered manager and fire warden about staff fire training. The fire warden told us they gave a work booklet to all staff at the start of the year and reminded them periodically they needed to complete sections. We asked whether they checked staff had completed the required sections. They told us they did not do so until the end of the year. We asked the registered manager about mandatory training in relation to fire safety. Mandatory training is training the provider requires all staff to undertake on a regular basis. The home's training records contained no indication of any fire training taking place. The registered manager said she would need to consult with the provider's central training department. On the second day of the inspection we asked again about fire training. The registered manager told us it was still unclear whether formal training had been undertaken. This meant we could not be sure appropriate training and fire drills had been undertaken to ensure staff knew what to do in the event of an emergency.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12. Safe care and treatment.

We looked at how the home supported people with their medicines. The registered manager explained they had recently changed their systems and people now had their regular medicines stored in an individual locked cupboard in their rooms. We checked these and found them to be secure.

We looked at how medicines were monitored and recorded on people's medicine administration records (MARs). Some people received "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. We found care plans to support staff administer these medicines were not always up to date. This matter had also been identified at a recent quality audit by the provider, but action had not yet been taken to address the issue. Some people also received variable doses of certain medicines with instructions saying, "give one or two tablets as required." The number of tablets given was not always recorded, meaning it was not clear from records the amount of medicine people had received. Some entries had been hand written. There were no signatures to identify who had written these entries and no second signatures to say they had been checked as correct. One person was prescribed eardrops. However, there were no signatures to say these had been given in line with the prescriber's instructions. We saw other items without any signatures recorded. We asked the registered manager about the records. She said some of the items had been discontinued. However, items that had been discontinued had not been crossed out to ensure staff did not continue to administer them inadvertently. We spoke with the registered manager about the administration of medicines at the home. She agreed improvements were required to improve the safety

of systems.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12. Safe care and treatment.

People had risk assessments and reviews of their needs in their care records. However, these had not always been reviewed in a timely manner or updated as people's needs had changed. One person's annual needs assessment checklist had not been updated since May 2015 and a falls risk assessment had not been updated since January 2016. We spoke with the registered manager about this. She explained all care plans and records were in the process of being changed and reviewed. She said these items would be picked up as part of the review and rewriting process.

On the first day of the inspection we saw the laundry area was small and used for a range of purposes, including the storage of mops and buckets. We asked the registered manager how soiled clothes were dealt with at the home. She explained staff would transport clothes to the laundry area in special bags, but then took the items out of the bags to rinse them, before putting them back into bags for washing. This meant there was a risk of cross infection when staff rinsed clothes. We also noted mops were not always colour designated for certain areas, such as for use in bathrooms and toilets only, and were stored together. Dirty water from mopping toilets and bathrooms was also disposed of down the sink in the laundry area. We discussed this situation with the registered manager and the senior care worker. By the second day of the inspection we saw individual mops and equipment had been purchased and were stored correctly. Improved instructions for dealing with soiled laundry had been given to staff at a staff meeting.

We noted the kitchen cupboards in one unit of the joint bungalow were badly worn and the surface had lifted off, meaning they could not be cleaned effectively. The registered manager told us they had already identified this issue and were in discussions with the provider's estates department to have the whole kitchen renewed.

With the exception of the deficits in fire safety training and fire drills we found other safety matters had been addressed at the home. We saw copies of gas safety certificates, five year fixed electrical system certificates, evidence of portable appliance testing (PAT) and Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) checks on hoists and other lifting equipment. On the second day of the inspection an engineer was in attendance at the home routinely checking ceiling hoists and mechanical baths to ensure they were safe. People had personal emergency evacuation plans (PEEPs) that gave information about how they should be supported in the event of a fire or other emergency.

The manager told us there had been no individual safeguarding concerns within the previous 12 months. Safe guarding practitioners had visited the home in November 2016 following some general concerns being raised. Their report had not noted any formal concerns but had made a small number of recommendations. We saw action had been taken by the registered manager to address the matters raised.

At the previous inspection we found the provider had in place appropriate systems for the safe and effective recruitment of staff. At this inspection we found this continued to be the case and recently appointed staff had been subject to effective checks prior to commencing work, including Disclosure and Barring Service (DBS) checks. We had also considered there to be sufficient numbers of staff on duty at the last inspection. At this inspection we saw staffing levels continued to be maintained at levels that delivered appropriate care and supported people to go out into the community.

At the inspection in January 2015 we had found accidents and incidents had been appropriately recorded

and action taken where necessary. At this inspection we found this continued to be the case.

Is the service effective?

Our findings

The registered manager told us staff training had required reviewing when she first came to the service and she was in the process of ensuring all training was up to date. She showed us the development programme she was working to, to ensure staff had either received or were booked to receive updating training. She demonstrated the provider's centralised training matrix (list of training) which helped identify those areas staff still needed to complete. The quality manager for the home provided us with a list of training recently completed by staff at the home. Staff we spoke with told us they had received a range of training and confirmed further training sessions were booked for them to attend.

We spoke with one new staff member who told us they had been well supported through their recent induction process and were completing a range of training. They said they had also had the opportunity to shadow more experienced staff members as part of the process. The registered manager and quality manager confirmed the provider's induction process followed the outline of the Care Certificate. The Care Certificate is a national set of standards that care workers are expected to meet before fully providing support and care.

The registered manager told us most staff had been subject to a recent annual appraisal, using the provider's "You Can" system and documentation. We saw evidence of these taking place and staff confirmed they had attended an annual review. The registered manager said she was currently catching up with intermediate review meetings (supervision sessions) following the formal annual reviews, but was aware these needed to be organised.

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

The registered manager said everyone living at the home had either had a DoLS granted or an application was in progress. Records in people's care records confirmed appropriate applications had been made or contained authorisation documentation.

There was some evidence in people's care records of best interests decisions being made, in consultation with care managers or people's families. Decisions had been made previously regarding people using savings to fund holidays or other major purchases. We saw one person was supported when in bed with the use of bedrails to prevent them from falling. Bedrails are considered a form of restraint, as defined by the MCA. Although used appropriately to ensure the person's safety, there was no indication a best interests

decision had been taken in relation to the use of bedrails, or a person with legal authority had consented to the use of the equipment. The registered manager told us she would look to address this as soon as possible.

We recommend the provider ensures decisions about people care and welfare are made in line with the requirements of the Mental Capacity Act (2005).

At the previous inspection we found people were supported to access appropriate care for their physical and psychological health and wellbeing. At this inspection we found this support was maintained and there was evidence in people's care records of visits to doctors, hospital or other health appointments. People's care records contained copies of a health passport detailing important information for health staff should they need to be admitted to hospital on an urgent basis.

People continued to be supported to maintain appropriate levels of food and fluid intake. We saw a range of meals were provided, cooked by the home's care staff. Where necessary, people were provided with specialist equipment to help them with their meals, such as high rimmed plates and specialist cutlery. We observed staff supported people in line with care plans and professionals advice. For example, we saw one person was provided with a soft diet breakfast and supported using a teaspoon. Staff also used a specialist cup that was only filled to a certain level, but frequently refilled. This was in line with the detailed professional advice available in their care records.

The home was a purpose built facility well adapted for the use of wheelchairs and other equipment. The decoration in some areas of the home was tired and in need of refreshing. The registered manager agreed this needed to be looked at. The home also had a large garden to the side and rear. One the second day of the inspection people were enjoying the unseasonably warm weather and sat out on a decking area in the morning sunshine. Some of the areas of the garden had good access for people with limited mobility. We spoke with the registered manager about the possibility of further work to extend access to other parts of the garden. She said the garden was well used in the summer but would consider what additional work could be undertaken.

Is the service caring?

Our findings

At the inspection in January 2015 we rated this domain as Good. At this inspection we found evidence to continue to support this rating.

People who lived at the home were not able to tell us in detail about the care they received. We asked people if they were happy living at the home and they indicated they were. A relative told us their relation was, "doing really well and is really well looked after." We saw there were good interactions between people living at the home and the staff. Staff clearly knew people's individual likes and dislikes well. They took time to interact with people and commented on how nice they looked. One person liked to show people their watch and their new shoes. Staff took time to admire the watch and the shoes and commented on how pretty or how "posh" they looked. A relative told us that whenever they visited their relation always "looked immaculate."

Staff talked knowledgeably about supporting and celebrating people's diversity. They told us they were determined to support people to be part of the community and have access to the same opportunities, despite their different levels of ability and understanding. One staff member told us of the people they cared for, "They are all wonderful. They are all unique in their own individual way."

People were involved in determining their day to day care. Staff asked people what they wanted for meals or what they wanted to do. On the second day of the inspection, as the weather was warm, people were discussing with staff about the type of ice cream they liked. Staff then arranged for some people to go out in the home's minibus on an impromptu trip to a local ice cream parlour.

A relative told us that although they were unable to visit as often as they were liked they were always contacted about significant issues and had recently attended a review of care. There was some indication in people's care records they had been asked about likes and preferences during care reviews, although this was not always well recorded. We spoke with the registered manager about how they could ensure people were more involved in reviews and how this could be better recorded.

People's confidentiality was protected. Main care records were kept in a lockable cupboard in the home's office area. Day to day records were maintained and kept in people's rooms, so they were available to staff and people, but not immediately accessible to the wider public. We noted these files were occasionally placed on chairs in corridors when staff were busy. We spoke with the registered manager about this. She agreed to remind staff about the need to return them to people's rooms.

The registered manager told us no one at the home was currently being supported by an advocate. Advocates are individuals, independent of the provider, who support a person to ensure their views are expressed or represent the person's views where they are unable to express them directly. She said all the people living the home had care managers who were involved in their care and any reviews. A number of people also had contact and support from relatives. She said if people did need access to an advocate, this could be arranged.

People's privacy and dignity were respected. People were supported in their rooms with personal care or in one of the shower / bathrooms. We saw staff ensured they closed the door securely during the delivery of care. The registered manager and staff told us about how they supported one person who liked to have private personal time. They said this person's door was also ways closed at this time and this was an indication the person did not wish to be disturbed.

The majority of people had funeral plans in place or had completed information on how they would like to be cared for towards the end of their life. The manager described how they had recently worked with one person's relative to put a funeral plan in place.

Is the service responsive?

Our findings

People living at the home had personal care plans. These contained some good detail about the individual, including a summary of their medical history, background and any particular communication needs the person may need support with. There was evidence of an assessment of people's needs, prior to them coming to live at the home, and copies of documents from an annual review carried out by care managers or social workers from people's local authority.

From these reviews people had individual care plans related to specific elements of their care, including plans related to people's overall health, personal care needs, nutrition and drinking, mobility and support with medication. Some care plans contained good information for staff to follow when supporting people. For example, one person's communication care plan contained instructions that staff should kneel down by the person and maintain good eye contact and that they should use short sentences or phrases of only five or six words. There was also a short list of topics the person enjoyed talking about. Other care plans contained less specific detail. For example, a person's medicines care plan indicated they could sometimes refuse their medicines. The plan stated staff should monitor this and seek further advice if necessary. However, the plan gave no indication of how many times a person could refuse their medicines or how long staff should wait before seeking additional advice.

People's care plans were reviewed, although the reviews were not always timely or detailed. For example, one person's medicines care plan had been reviewed on 1 March 2017 but had previously not been reviewed since 2014. Another plan for mobility stated it should be reviewed every six months. Records indicated there had been no reviews taking place between November 2014 and March 2017. Where plans were reviewed, these were often limited with phrases such as, "Remains appropriate" or "No changes to care plan." We spoke with the registered manager about this. She agreed care plans could contain additional detail and said this would be looked at when all the plans were fully reviewed. She also agreed reviews needed to contain some indication that an appropriate review of needs had taken place.

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

At the previous inspection we found people were supported in a range of activities at the home. At this inspection we found this continued to be the case. Two people living at the home regularly attended local day services and we witnessed one of these people going off for the day. Other people went out to events or on trips. On the morning of the second day of the inspection one person went out for a visit with a staff member to a local farm. People were supported to go to a local ice cream parlour one afternoon and there was evidence of other activities and events. In one care plan it was noted the person enjoyed watching the Jeremy Kyle television programme in a morning. Even though they had got up late and had a shower that morning staff ensured they were able to watch the programme on a catch up television channel. We witnessed they got involved in the programme and enjoyed watching it. On the second day of the inspection some people sat on the decking to one side of the house and spent time enjoying the sun and chatting with a staff member and each other. A relative we spoke with confirmed their relation went out regularly with

staff.

People were offered choice as part of the daily care routine. They were offered a choice of meals and drinks, were supported in a range of activities or events and could spend time in communal areas or in their own rooms. People's individuality was supported. Most bedrooms were highly personalised with individual decoration, ornaments, photographs and mementos. One person's room had a range of sensory equipment, such as coloured lights and a projector, to provide visual stimulation when they were cared for in bed.

The registered manager told us there had been no formal complaints made to the service in the last 12 months. The home had information about how to raise a complaint on display in the home. We noted this was not in an easy ready format. We discussed with the registered manager about how to encourage and support people to raise concerns, as opposed to formal complaints, and how to manage and record these. She said she would look further about how to develop this aspect of the service.

We recommend the provider reviews the home's complaints system to ensure that it is accessible to service users and people are actively supported to raise concerns.

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post. Our records showed she had been formally registered with the Commission since November 2016. She was also the registered manager for one of the provider's other locations, close to Maitland Terrace. We were supported during the inspection by the registered manager.

The registered manager explained she split her time between the two locations, but was at the home approximately two or three times per week. She said both homes had a senior care worker in post, who managed the day to day running of the home when she was not on site. She told us she and the senior care worker managed their days off to ensure there was ongoing cover at the home. She said she was also readily available by telephone or email.

The registered manager told us there were a number of audit processes in place. She said checks were carried out on health and safety issues and medicine management regularly within the home. In addition, she told us the regional manager visited the home approximately every six to eight weeks to undertake a review of the service. Further audits were undertaken by the provider's quality assurance team, who visited the home every six weeks. We saw copies of some of the audit reports from the quality team and the regional manager. The audits had failed to identify issues highlighted at this inspection, or matters previously highlighted in audits reports had not been addressed. For example we saw the introduction of new care plans had been highlighted in both the October and November 2016 visits by the regional manager, but this matter had still not been completed. We also noted that whilst the regional manager had looked at training, the issues around fire training had not been noted. The quality assurance team had previously noted the need for "as required" medicine care plans to be updated, but this matter remained incomplete.

Records were not always up to date or often poorly completed: such as training records, medicine records and fire safety records. Care plans and care plan reviews were not always detailed or undertaken in a timely manner. Daily records were often limited. Some elements of daily records were tick box in nature, which gave little information about how staff had supported people in their day to day lives. Medicine records were not always up to date or well completed. This meant records did not always give a true reflection of the care being delivered.

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

We spoke with the registered manager about the management of the home. She agreed there was still much work to be carried out and there remained a considerable list of issues that needed to be addressed, which required both her own oversight and input and support from the wider provider organisation.

Staff we spoke with told us they were happy working at the home and felt well supported by the registered manager. Comments from staff included, "I love coming to work. The residents just make your day. They

appreciate everything you do for them"; "You get time to interact and do one-to-one stuff; play games and interact. I like it to be about care and about them"; "(Registered manager) is really friendly" and "Really get on with (registered manager). She is easy to approach if you had a problem. Her door is always open." Staff also told us there was a good staff team at the home and that they supported one another. Comments included, "It's a good staff group now. We all get on; like a big family really" and "It's a lovely working team. Everyone works together. Communication is better; we are good at communicating."

Staff told us the registered manager had instigated a range of staff meetings. They said they could raise any issues at the meetings and these would be discussed and looked at. Between the two days of the inspection a staff meeting took place at the home, this had been organised before the inspection commenced. We saw the registered manager had raised issues highlighted on the first day of the inspection and advised staff of new procedures around infection control and laundry. Staff also had the opportunity to raise issues important to them, including matters such as holiday cover, weekend working and overtime shifts.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were not in place to ensure there were appropriate checks on the premises and the health and safety of service users. Medicines at the home were not always managed safely and effectively. Regulation 12 (1)(2)(a)(b)(d)(g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not always in place to assess, monitor and improve the quality of the service or mitigate risk. Accurate, complete and contemporaneous records were not always maintained. Regulation 17 (1)(2)(a)(b)(c).</p>