

Avante Care and Support Limited

Parkview

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



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 unannounced inspection took place on 20 and 21 October 2015. At our previous inspection in August 2014 we found the provider was meeting the regulations in relation to the outcomes we inspected.

Parkview is a residential home providing accommodation, care and support for up to 69 people living with dementia. At the time of our inspection the home was providing support to 64 people. A registered manager was not in post at the time of our inspection. 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.

At this inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not have effective processes in place to monitor risks to people because risk assessments were not regularly reviewed, and audits of people's care plans and risk assessments had not been undertaken in line with the manager's stated requirements. There were not always sufficient staff available to support people at

Summary of findings

night, and staff had not always received appropriate refresher training in line with the provider's requirements. CQC has taken enforcement action to resolve the problems we found in respect of these regulations. You can see the enforcement action we have taken at the back of the full version of this report.

We found a further breach of regulations because risks to people had not always been accurately assessed, and the risks to one person had not been properly managed because a relevant risk assessment relating to their fluid intake was not in place resulting in staff making incorrect assumptions as to why their intake was being monitored. You can see the action we have asked the provider to take at the back of the full version of this report.

There were procedures in place to protect people from the risk of abuse. Staff had received training in safeguarding adults and were aware of the action to be taken if they suspected abuse had occurred. The service undertook appropriate recruitment checks before staff started work and staff were supported in their roles through regular supervision and an annual appraisal.

Medicines were safely stored and recorded, although improvements were required in the overall management of medicines because there were high levels of medicines errors reported during the previous year. The provider had procedures in place to deal with foreseeable emergencies.

Arrangements were in place to ensure people consented to their care, or that decisions about the support they received were made in their best interest and in line with the requirements of the Mental Capacity Act 2005, However some improvement was required in the way

people's consent was documented within their care plans. There were arrangements in place to ensure the service complied with the requirements of the Deprivation of Liberty Safeguards.

People were supported to maintain a balance diet and told us they enjoyed the meals on offer within the home. They had access to a range of healthcare professionals where required and a visiting GP confirmed that staff were proactive in informing them of people's conditions.

People were involved in decisions relating to their support and their care plans were reflective of their individual needs. However improvements were required in the frequency at which care plans were reviewed, and to demonstrate that people were involved in the reviewing process. A range of activities were available to people within the service which people told us they enjoyed.

The provider had a complaint procedure in place for people to refer to if needed and people we spoke with told us they knew who to raise concerns with if they had any issues.

People told us they were treated with kindness and consideration by staff. Staff were aware of people's individual needs and preferences and could describe how they worked to ensure people's privacy and dignity were maintained.

Most people and staff told us they felt the service was well led and the manager had put processes in place to make herself available to staff, people and their relatives when required. The service conducted satisfaction surveys and held regular meetings in order to get people's views on the home, and feedback was used to drive improvements within the service.

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 safe.

Risks to people had not always been accurately assessed or monitored and actions taken did not always manage risks safely.

Staff were aware of the potential signs of abuse and of the action they would take if they suspected abuse had occurred, but the provider's procedure had not always been followed in response to abuse allegations.

Appropriate checks had been carried out on staff before they started work for the service but there were not always enough staff to meet people's needs.

Medicines were safely stored and recorded but some improvement was required in the management of medicine due to the high number of errors that had been reported during the previous year.

There were arrangements in place to deal with foreseeable emergencies.

Inadequate



Is the service effective?

The service was not always effective.

Staff had undertaken training in areas considered mandatory by the provider but some staff training had expired and required refreshing.

Staff were supported in their roles through supervision and an annual appraisal.

People told us they enjoyed the meals on offer within the service and were supported to maintain a balance diet.

Staff were aware of the need to gain consent from people when offering support and decisions had been made in line with the requirements of the Mental Capacity Act 2005. Where people did not have capacity to consent to treatment some improvements were required in the way in which consent was recorded in some areas of people's care plans.

People had access to a range of healthcare professionals when needed to ensure their needs were met.

Requires improvement



Is the service caring?

The service was caring.

People told us that staff treated them with kindness and compassion and that they were supported in a caring environment.

People were consulted about their care needs and were involved in any decisions made about the care they received.

Good



Summary of findings

Staff treated people respectfully and could describe how they worked to ensure people's privacy and dignity were maintained.

Is the service responsive?

The service was not always responsive.

People received care in accordance with their identified needs and wishes and their care plans contained information about their life history and the things that were important to them.

Improvements were required to demonstrate that people had been involved in reviews of their care plans and to the frequency in which care plans were reviewed.

People were supported to engage in a range of activities which they enjoyed.

There was a complaints policy and procedure in place and people knew how to make a complaint. Complaints were dealt with appropriately by the provider in line with their procedure.

Requires improvement



Is the service well-led?

The service was not consistently well led.

There was no registered manager in place at the service.

Audits were carried out by the service in some areas and actions taken to address issues as a result. However audits of peoples care plans and risk assessments had not recently been conducted which would have identified the concerns we found.

People's views about the service were sought. There were regular meetings with people and their relatives and an annual survey had been conducted. The manager took action to make improvements from the feedback they received.

Staff told us that the manager was supportive and available to them when required. Whilst not all of the people we spoke to knew who the manager was, we saw that arrangements had been put in place for the manager to be available to people if required.

Requires improvement



Parkview

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 unannounced inspection took place on 20 and 21 October 2015. The inspection team on the first day consisted of an 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 service. Three inspectors returned to the home on the second day to speak with people using the service, the manager and staff, and to examine records related to the running of the home.

Prior to the inspection we reviewed the information we held about the service and the provider. This included

notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service. We used this information to help inform our inspection planning.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the care and support being delivered.

We spoke with nine people using the service, seven visiting relatives, a visiting GP, eleven members of staff, including an activities co-ordinator and the home manager. We looked at records, including the care records of twelve people using the service, five staff members' recruitment files, staff training records and other records relating to the management of the service.

Is the service safe?

Our findings

Although most people and relatives we spoke with told us they felt safe living in the home and with the support they received, another relative told us of their concern about falls their loved one had sustained in the early morning and was not sure how this was being managed by the service. We spoke to the manager about this and they agreed to review the person's support plan and talk to the relative about their concerns although we were unable to check this at the time of our inspection.

We found concerns in the way risks to people had been assessed, and appropriate action had not always been taken to mitigate risks where they had been identified. For example, we found that one person's risk of malnutrition had not been accurately assessed following a period of weight loss over a three month period which meant there was a risk that they may not have received appropriate nutritional support.

Another person's daily records showed that they had returned to the home from hospital with instructions that their fluid intake should be restricted. A risk assessment had not been implemented in relation to this and although staff we spoke with were aware of the need to monitor the person's fluid intake, they incorrectly identified the reason as being to promote, rather than restrict fluids. Records showed that the person had drank more than the recommended amount on at least two days during the week prior to our inspection.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). The manager took appropriate action to address the issues relating to the concerns about the person's fluid intake during our inspection.

We also found concerns in the way risks to six people in the home were monitored. For example, one person's nutrition risk assessment had not been reviewed since May 2015. The assessment at that time included a recommendation that they were to be weighed on a weekly basis in order to mitigate any risk, however records showed that they had only been weighed twice a month during June and July and then only monthly between August and October 2015.

Another person's night time falls risk assessment had not been reviewed in the last four months despite the fact that there had been some changes in the way the risk was being managed by staff.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). CQC has taken enforcement action to resolve the problems we found in respect of this regulation. You can see the enforcement action we have taken at the back of the full version of this report.

There were not always sufficient numbers of staff on duty and deployed throughout the home ensure people were kept safe. People we spoke with told us they received support when they needed it although staff told us there were significant challenges in offering timely support to people with the current staffing levels. We reviewed the staff rota which showed that three staff were on duty to support 29 people during the night on the ground floor. The night time care plans of three people on the ground floor identified them as potentially needing support from two staff during the night which meant only one staff member would be available to support the remaining 28 people during those times. We also found that one person had not had the one to one support they required on the previous night as the manager had been unable to arrange sufficient cover.

These issues were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). CQC has taken enforcement action to resolve the problems we found in respect of this regulation. You can see the enforcement action we have taken at the back of the full version of this report.

One person said, "I feel very safe." A relative told us, "I have no concerns about safety and I don't go home worrying." Another relative said, "My wife is absolutely safe here." There were procedures in place to protect people from possible harm. Staff had received training in safeguarding adults and were aware of the potential types of abuse that could occur within a residential care setting. Staff we spoke with were aware of how to report any concerns they had to the manager and we saw the manager had taken appropriate action in reporting any concerns to the local authority in line with the provider's safeguarding procedure. The provider had a whistle-blowing procedure

Is the service safe?

in place and staff told us they felt confident that they would use it if they needed to, although they believed the manager would always take action to report any concerns they raised.

Appropriate recruitment checks had been conducted before staff started work for the service. We looked at the personnel files of five staff that worked at the home which contained completed application forms including details of their qualifications and full employment history. Each file also included two employment references, a declaration of the staff member's fitness to work, proof of identification and evidence of criminal record checks having been carried out by the service.

Although medicines were safely administered during our inspection, some improvement was required in the way they were managed within the service. The manager confirmed that only trained staff who had undergone a competency assessment administered medicines within the service and this was confirmed by a review of staff records. However some staff had not had their competency assessed within the last twelve months. We observed the morning medication round and saw medicines were administered appropriately.

However, records showed that there had been a significant number of incidents where medicines had not been administered correctly, often when agency staff had been responsible for a medication round. We saw that checks had been made by the provider on agency staff prior to their being allowed to administer medicines which included confirmation of their training and shadowing their first round, but these had not always been effective as errors had still occurred. The manager had taken steps to address this issue by implementing daily checks on the medicines rounds to ensure improvements were made

Records showed these checks were effective at the time of our inspection, although more time was required for us to ensure that the improvements had been properly embedded.

Medicines were kept safely. Medicines were stored in locked trolleys in designated medication rooms on each floor of the home. Medication room doors had key pads which only senior staff had access to. The medication room temperatures and medicines fridge temperatures were recorded daily and we found temperatures fell within acceptable ranges. There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in place for their use.

Medicines were safely recorded. People's medication administration records (MARs) were up to date and accurately completed. A photograph of each person was kept with their MAR as well as details of their GP, information about their health conditions and any allergies they may have to help reduce the risks related to the administration of medicines.

Regular checks had been conducted on equipment such as fire equipment, hoists and electrical equipment to ensure that people were protected from the risk of unsafe equipment. Records also showed that regular maintenance work had been carried out where required to ensure the environment remained safe and suitable for people to live in.

There were arrangements in place to deal with foreseeable emergencies. Personalised emergency evacuation plans were in place for each person and readily available for staff and the emergency services if required. Staff had received fire safety training and had attended fire drills. Staff we spoke with were also aware of the action they would take in the event of a fire, or an emergency.

Is the service effective?

Our findings

People and their relatives told us they felt staff had the knowledge and skills to carry out their roles effectively. One person told us they were “Quite happy,” and a relative said “The staff are properly trained.” Another relative told us, “There are at least three staff on all the time and they are properly trained. The staff know people well; they know their likes and dislikes.” Staff confirmed that they had received training in the areas considered mandatory by the provider, but we found that staff had not always received refresher training in line with the provider’s expectations.

Training records showed that staff had completed training in areas including moving and handling, safeguarding, infection control, fire safety, health and safety, and first aid. Staff told us they found the training had helped them in their roles. However, we found that in total, 17% of staff training certificates had expired and staff required refresher training to update and maintain their skills and knowledge.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). CQC has taken enforcement action to resolve the problems we found in respect of this regulation. You can see the enforcement action we have taken at the back of the full version of this report.

New staff underwent an induction process which included an evaluated training programme and shadowing more senior colleagues before starting work. New recruits were then required to work through the twelve week Common Induction Standards programme during their three month probationary period. We also saw a programme of training in place for staff to further their knowledge in non-mandatory training areas which included palliative care, symptom management and advanced care planning.

Staff were supported in their roles through supervision and an annual appraisal. Records showed that staff received supervision on a regular basis, although not always at the frequency expected by the provider. Staff we spoke with told us they felt well supported through supervision.

People’s nutritional preferences were met. People and relatives spoke positively about the food on offer at the service. One person told us, “I can have toast and thick marmalade as much as I want and it is gorgeous.” Another person said, “No problem with the food, I get enough to

eat.” A relative confirmed, “The food is good; I have sampled it.” A second relative told us, “The food is very good. Always a cake for birthdays, and nice puddings with custard and soft things they can all eat.”

We observed staff offering people a choice of hot meals and appropriate support to eat where required during a lunchtime meal. The atmosphere in the dining room was relaxed and unhurried, with staff giving people time to make decisions about what they wanted to eat and promoting their independence in eating and drinking where possible, although some people had to wait to receive support from staff while they supported others. The manager told us that they took people’s views into account when developing the menu and we saw that some food options had been introduced within the home in response to feedback.

People’s care plans included details of their dietary needs and preferences, including information about their likes and dislikes, although one person’s food and drink care plan made no mention of their condition of diabetes. However, we saw information available to kitchen staff regarding people’s dietary requirements which included details of all those who were diabetic as well as information relating to people’s food allergies. Staff we spoke with were aware of people’s dietary needs and any medical conditions they needed to take into consideration when supporting them to maintain a healthy diet.

The manager demonstrated a good understanding of the Mental Capacity Act 2005. We saw mental capacity assessments were conducted, and best interests decisions were made in key decision making areas such as the use of bedrails or covert medicine. Staff we spoke with were aware of the importance of gaining consent from the people they supported and were aware that many people were able to make decisions about the care they received in their day to day lives if supported to do so. We also saw examples of staff seeking consent from people whilst offering support to them during our inspection.

However, some improvements were required in the way people’s consent was documented. For example, we saw some people’s night time support plans had not been signed by people to confirm their agreement to being checked on during the night. We spoke to the manager about this and they told us that they would address this as part of their current care planning review but we were unable to check this at the time of our inspection.

Is the service effective?

CQC is required by law to monitor the operation of the Deprivation of Liberty safeguards (DoLS). DoLS protects people when they are being cared for or treated in ways that deprives them of their liberty for their own safety. The manager understood the process for requesting a DoLS authorisation and we saw appropriate referrals had been made, and authorisations in place to ensure people's freedom was not unduly restricted.

People were supported to maintain good health. Records showed people received care and treatment from a range of healthcare professionals when needed, including a GP, district nurse, GP and dentist. One relative told us, "If you say you need a doctor then it gets sorted. I requested a physiotherapist visit and it was arranged." Another relative explained that their loved one "Always gets treatment as needed." We spoke to a visiting GP who confirmed, "Staff here are quick to let us know of any issues."

Is the service caring?

Our findings

People and relatives we spoke with told us that staff treated them with kindness and consideration. One person said, “The staff are very attentive and helpful.” Another person told us, “I am well looked after and treated as an equal.” A third person confirmed, “The staff are very caring and treat me nicely.” Relatives also spoke positively of the caring nature of the service. One relative explained, “The care is wonderful – staff are falling over to help you and there is never a sigh or a moan.” Another relative told us, “The staff are very friendly and look after everyone here well.”

We observed positive interactions between staff and residents throughout our inspection. For example, where people displayed signs of anxiety we saw staff were quick to offer comfort and reassurance in a warm and affectionate manner. Staff moved promptly to offer support where required, and gave people time to respond when talking to them or to make decisions about the care they received. The atmosphere in the home was warm and relaxed and conversations between the staff and people were friendly and meaningful.

People were consulted about their care needs and involved in any decisions made about the support they received. One person said, “The staff listen to me when I need help. They know how I like things to be done.” Another person told us, “I can talk to the staff about anything I need and they’ll help me.” A relative we spoke with also said of their loved one’s care plan, “We talked through everything with the staff; they know what to do.” Staff we spoke with were

aware of people’s needs and the way in which they like to be supported. We observed staff actively listening to people and encouraging them to communicate their needs throughout our inspection.

People were provided with information and were supported to understand the choices that were available to them about the care they received. Regular residents and relatives meetings were held within the service which people could attend to discuss aspects of the service and people told us they found these meetings useful. The minutes from a recent meeting showed areas of discussion which included the refurbishment of the service and changes to the phone system used in the home.

People’s privacy and dignity were promoted and maintained within the service. Staff we spoke with were aware of the importance of respecting people’s privacy. One staff member told us, “Whilst this is where I work, it’s also their home and we must always respect that.” Another staff member we spoke with described how they worked in a way that respected people’s privacy, for example by knocking on people’s doors before entering their room, or ensuring doors and curtains were closed when offering support to people.

We observed staff treating people respectfully during our inspecting and moving close to discuss their needs discreetly when offering support in communal areas. People’s friends and relatives were also able to visit whenever they wished and there were a range of rooms available for people to gather in if they wished to be together outside of the more commonly used communal areas.

Is the service responsive?

Our findings

People told us that the care they received met their needs. One person said “They do what I ask of them”. Another person said, “I get the help I need, when I need it.” Relatives also spoke highly of the care provided, with one relative describing staff as having “adapted to the changing needs”. Although people spoke positively of the support they received, we found some improvements were required in the way people’s care was planned to ensure it remained reflective of their current needs and wishes.

People had care plans in place which had been developed based on an assessment of their individual needs which had been undertaken by a senior member of staff. Each person’s care plan described the range of support required in areas of their daily lives which included communication needs, mobility support, food and drink, personal care, and night time support. However found that care plans had not always been reviewed at the frequency expected by the provider to ensure they were up to date, and the reviews that had taken place did not always clearly demonstrate that the views of people or their relatives had been sought. Staff we spoke with explained that people’s views were sought on an ongoing basis, and this was confirmed by relatives we spoke with. We also saw that the provider had drafted in additional resources to help support with care plan reviews but we were unable to check this at the time of our inspection as they had only just started undertaking this task.

Most people’s care plans contained details about their likes and dislikes, as well as their interests and life histories, although we found one person’s care plan had not been updated with this information. However, staff we spoke with were familiar with people’s backgrounds and how best to support them in order to meet their individual needs.

Care plans also highlighted the things people preferred to do for themselves, or the level of support they required in order to maintain their independence with some tasks. For example one person’s food and drink care plan indicated their preferences for using specific cutlery and the need for them to use a plate guard in order to eat independently.

People’s need for stimulation and social interaction were met. There were a range of activities on offer to people which included musical entertainment, quizzes, films and reminiscence sessions. Some people were accompanied to go out on visits within the local community and we observed a group of people enjoying a cake baking session during our inspection. Interaction between staff and people during this session was lively and engaging. One person we spoke with told us, “I enjoy the things we do here. The cakes were lovely.” Another person confirmed, “The activities are good fun.” Elsewhere during our inspection we saw staff sitting down with people on a one to one basis to engage in conversation or to support them to read a newspaper. An activities co-ordinator also told us how the home celebrated occasions such as Easter and Halloween by getting people involved in making decorations.

People and relatives told us they knew who they would speak to if they had any concerns. The home had a complaints policy and procedure in place which was on display in the entrance hall of the home for people to review. The complaints procedure provided appropriate information on how to raise concerns and how a complaint could be escalated if needed. One relative told us, “I know the manager and she is approachable. I know who to complain to and feel that if I did complain it would be dealt with.” Another relative confirmed that they had previously had cause to raise a complaint with the manager and that it had been dealt with promptly and to their satisfaction.

Is the service well-led?

Our findings

The provider had a range of quality assurance and governance systems in place, however these were not always being used within the service to ensure issues were promptly identified and acted upon. Staff conducted audits within the home in a range of areas including infection control checks, medicines, health and safety and recruitment processes. However, audits of people's care plans and risk assessments had not always been conducted at the frequency expected by the manager to ensure that they were reflective of people's needs and that any risks to people were effectively assessed and monitored.

The manager told us that care plans and risk assessment audits should be conducted on a monthly basis but one had not been conducted for approximately three months due to the departure of a member of the home's management team. They were also unable to provide a copy of the most recent audit when requested. Some of the care plans and risk assessments we looked at had not been reviewed regularly in line with the provider's requirements, despite people having been assessed as being at risk in some areas.

These issues were a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). CQC has taken enforcement action to resolve the problems we found in respect of this regulation. You can see the enforcement action we have taken at the back of the full version of this report.

A registered manager was not in post at the time of our inspection, with the previous registered manager having deregistered in February 2015. The current manager explained that they would shortly be moving on from the service so would not be registering. A senior member of staff told us that recruiting a new manager was a priority, and arrangements were in place to ensure an experienced manager who had experience of working for the provider would be taking on the role as an interim measure, although we were unable to check this at the time of our inspection.

Where audits had been conducted on a regular basis, we found that action had been taken to address any issues identified. For example, we saw risk assessments of cleaning materials had been implemented in response to

the findings of an audit of the domestic service within the home and that colour coded cleaning implements had been introduced in response to the findings of a recent infection control audit.

Staff we spoke with told us that the manager was supportive of them in their roles and that she encouraged an open culture within the service. One staff member said, "She [the manager] is always available to talk to and she really listens." Another member of staff confirmed that the manager had an open door policy and was available when needed. They told us, "The senior staff in the home are very supportive." Staff confirmed that they took part in handover meetings between shifts so that information about people's day to day needs could be shared. They also told us that regular staff meetings took place where they received feedback about any areas of the service that may require improvement and which also gave them an opportunity to raise any concerns they may have.

Not all of the people or relatives we spoke with knew who the manager was in the home, but we saw the manager had attempted to make herself available to anyone who wished to speak to her by implementing an open surgery where people or relatives could make an appointment to see her. We also saw that an open surgery had been implemented for staff so that they could arrange an appointment to speak to the manager if they wished about any issues they were having.

The provider took into account the views of people using the service and their relatives about the quality of care provided at the home through relatives and residents meetings and an annual survey, although the provider was still collating the results of the 2015 survey so we could not check this at the time of our inspection. We saw examples of the action having been taken to improve the service in response to the feedback from surveys such as specific meals being included on the menu and improvements made to the communal areas within the home. Minutes from a recent residents and relatives meeting showed areas discussed had included feedback on activities that were available to people within the home, menu planning and information about schedule of refurbishments that were about to commence. When asked about improvements on the home, one person confirmed they thought the range of activities had improved and one relative told us, "I see a lot of work going on – repainting and so on."

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way.</p> <p>Risks to people were not always accurately assessed or appropriate steps taken to reduce risk.</p> <p>Regulation 12 (1)(2)(a)(b)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Effective systems were not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

Regulation 17 (1)(2)(b)

The enforcement action we took:

We served a warning notice on the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Sufficient numbers of staff were not deployed within the service at all times.

Regulation 18 (1)

Staff had not received appropriate training as necessary to enable them to carry out their duties.

Regulation 18 (2)(a)

The enforcement action we took:

We served two warning notices on the provider in respect of their failure to ensure sufficient staff were deployed within the service and to ensure staff had received appropriate training to enable them to carry out their duties.