

Cleeve Rest Limited

Cleeve Court Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement	
Is the service safe?	Requires improvement	
Is the service effective?	Requires improvement	
Is the service caring?	Requires improvement	
Is the service responsive?	Requires improvement	
Is the service well-led?	Requires improvement	

Overall summary

We inspected this service on the 21 & 22 October 2015. This was an unannounced inspection. At our last inspection in December 2013 no concerns were identified.

Cleeve Court is a nursing home and provides accommodation for up to 29 people. At the time of this inspection there were 16 people living at the home. Cleeve Court has 22 bedrooms, a lobby kitchen, dining room, lounge, office, medication and treatment room, sluice, laundry room, gardens and patio area.

There was a registered manager in post. 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. The registered manager joined the inspection on both days for a few hours.

People were living in a building that was not being adequately maintained or secure. Carpets were frayed,

Summary of findings

dirty and ill fitting. Some walls were crumbling and had mould and fungus growing and not all doors and windows had restrictors or fire safety devices fitted. During our inspection the front door to the property was left unlocked and there was a lack of security on checking visitor's identification. The provider confirmed following the inspection the front door is now locked.

Medicine were not being safely managed or stored. Records were not accurate confirming if medicines had been collected or administered. Environmental risks were not being assessed and there were no support arrangements in place to prevent or reduce the risk of incidents occurring. Recruitment procedures were not always robust to ensure people were supported by staff who had adequate checks or that there was adequate paperwork in place. People who were at risk of developing pressure sores had care plans in place to ensure their position was regularly changed but there were no records confirming they received this assessed need.

People who were unable to consent to care and treatment had completed assessments and best interest decision paperwork in place. People did not always receive personal care that reflected their individual wishes. People were able to receive visitors whenever they wished and relatives were able to visit as often as they liked. Staff demonstrated they knew what to do if

they suspected abuse. All people and staff we spoke with felt safe. Posters were displayed in areas throughout the home informing people what to do should they suspect abuse.

People were not supported by staff who received regular supervision or training to ensure they were competent and skilled to meet their individual care needs. Staff morale was low and they did not feel well supported. Although people and relatives felt supported by staff who demonstrated a caring and compassionate manner.

People, relatives, staff and health professional's views were sought however there was no clear action plan in place that identified how the service planned to make improvements to the feedback provided. People and relatives felt happy to raise a complaint and were aware of the provider's complaints policy. There was a lack of information relating to investigations or what learning had taken place to prevent similar issues occurring. Quality assurance systems were not ensuring they monitored the quality and safety of the service or identified areas for improvement with an action plan. The homes records were not always well organised or accessible.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People's medicines were not being safely managed or stored. Records were not accurate confirming if medicines had been collected or administered.

The building was not being adequately maintained or secured to ensure it was safe and suitable for people and staff.

Environmental risks were not being assessed or there were arrangements in place to prevent or reduce the risk of incidents occurring.

Recruitment procedures were not always robust to ensure people were supported by staff who had adequate checks or that there was adequate paperwork in place.

Requires improvement

Is the service effective?

The service was not effective.

People were not supported by staff who received regular supervision or training to ensure they were competent and skilled to meet their individual care needs.

People were supported by staff to make decisions about their care in accordance with current legislation and were supported to see health care professionals according to their individual needs.

Requires improvement

Is the service caring?

The care people received required improving.

People did not always receive personal care that reflected their individual wishes although they felt supported by kind and caring staff.

Staff demonstrated a caring and compassionate manner towards people.

People were able to receive visitors whenever they wished and relatives were able to visit as often as they liked.

Requires improvement

Is the service responsive?

The service was not always responsive.

People, relatives, staff and health professional's views were sought however there was no clear action plan in place that identified how the service planned to make improvements to the feedback provided.

People and relatives felt happy to raise a complaint and were aware of the provider's complaints policy. There was a lack of information relating to investigations or what learning had taken place to prevent similar issues occurring.

Requires improvement

Summary of findings

People's care plans were individual and personalised. People and relatives were involved in the care planning process.

Is the service well-led?

The service was not benefiting from being well-led.

Quality assurance systems were not ensuring they monitored the quality and safety of the service or identified areas for improvement with an action plan.

The homes records were not always well organised or accessible and the registered manager had to access some of the information during the inspection from the providers head office and data base. Following the inspection we were also sent additional information as this was not available during the inspection.

People were supported by staff who did not feel well supported and felt low with their morale.

Requires improvement



Cleeve Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 & 22 October 2015 and was unannounced. The inspection team consisted of two inspectors and one 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. Their area of experience was older people's care.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people who used the service, two relatives, six staff, the registered manager, two nurses and two chefs. In addition we observed care and support in communal areas and looked at four people's care records. We also inspected a range of records. These included six staff files, training records, medication records, staff duty rotas, meeting minutes and the services quality assurance systems.

Is the service safe?

Our findings

The service was not always safe. The provider was not ensuring the premises were clean, secure, suitable and properly maintained. For example, we found the front door was unlocked on the two days of our inspection. On both days we were able to enter the premises and walk into the main area of the home with no one checking our identification or asking us to sign in, although there was a signing in book in the entrance. Some rooms on the first and second floors had no window restrictors fitted, or automatic closing devices should there be a fire. One room, although not in use had a fly infestation problem, fungus growing up the wall and mould in the corner of the room. Other areas throughout the building were also in a poor state of repair. The clinical room had plaster missing, holes in the walls and vinyl flooring that didn't reach the wall. This meant there was a risk of infection because the area could not be cleaned adequately. Carpets were black and frayed in some rooms and ill-fitting over thresholds creating a trip hazard for people and staff. Hoists and commodes were dusty and dirty. Staff told us, "The environment is poor, there are flies in one room" and "It has been like this for a while". We spoke with the registered manager and the nominated individual. They confirmed they would address the window restrictors immediately and they would review the environment and move people into other rooms.

This is a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were at risk of medicines that were not managed safely due to inadequate storage, unlocked medicines and unsafe practice relating to administering medicines. Staff were failing to record administration of medicines or where medicines had been disposed of. For example, during the inspection the medicines trolley was left unlocked and unattended on several occasions. Medication awaiting return to the pharmacy was not stored securely and was kept in a cardboard box in an unlocked clinical room. The home used a dosage system for one person. This dosage system contained medication taken from their blister pack. A blister pack is sealed and should only be broken when medicines are administered. Staff carried the dosage system around the home until the buzzer went off on the device. On at least two occasions after this device had gone off and the person was administered their medication the

device was taken out of the staff members pocket and put on top of the medication cabinet and was not locked securely away. This room was also unlocked and accessible to anyone.

Medication records were also not accurate and staff were not accurately recording if people had received or declined their medicine. One person had no record for the last two nights if they had received their evening medicine or declined it. Records relating to the destruction of medicines were also not being filled in after they had been collected. It is important that accurate records relating to stock are maintained so that medicines can be accounted for.

Medicines that required additional security were not having adequate stock monitored. The service had received injections for one person during July 2015, the stock had not been checked since this delivery. The nurse confirmed it should happen monthly. They completed a stock check during our inspection.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who were at risk of developing pressure sores had care plans in place to ensure their position was regularly changed but there were no records confirming they received this assessed need. Staff we spoke with confirmed people were receiving care relating to their repositioning. We asked the registered nurse where the records were held for recording people's change in position. They confirmed this information was recorded in the daily records. We found the daily records gave an overview of the person's care but did not confirm what care had been received for example their position had been changed every two hours. This meant records were incomplete and did not reflect when staff had provided care and treatment to people who were at risk of developing pressure sores. We fed this back to the registered manager who confirmed they would address this.

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

People were supported by staff who all had checks completed on their suitability to work with vulnerable people. But the provider was not always ensuring other procedures relating to effective recruitment were being followed. For example, one nurse had not had their registration status checked since being employed in March

Is the service safe?

2015. This meant they were currently working without a satisfactory check being completed to ensure they were still safe to practice. Another member of staff's file had no information relating to their application form, references and interview notes. The registered manager checked during the inspection the nurse's registration employment. This came back as clear. Following the inspection they sent confirmation of the other missing paperwork that was not available during the inspection. There was a recruitment policy in place, this confirmed all checks needed to be followed and recruitment procedure paperwork should be retained. This meant the provider was not always ensuring they followed their policy or that checks were completed and paperwork is available following the recruitment procedure.

Staff demonstrated they knew what to do if they suspected abuse. All people and staff we spoke with felt safe. Posters were displayed in areas throughout the home informing people what to do should they suspect abuse. Training records showed not all staff had received training relating to safeguarding adults. We fed this back to the registered manager who confirmed they would review staff's training.

People's care plans included detailed risk assessments. These documents had clear identified risks and specific guidance for staff on how people should be supported in relation to the identified risk. Where accidents and incidents had occurred these had been documented and investigated with people's risk assessment updated as required.

Risks to the environment were not clearly identified with what the risk was or what arrangements were in place to manage/reduce the risk. For example, the mechanical lift was small and some people had injured their knees and feet whilst sat in their wheelchairs. No risk assessment had been completed relating to this known risk or what arrangements were in place to managing this risk to prevent reoccurring injuries. Where carpets were loose and ill-fitting and staff were using equipment there were no risk assessments in place. There was also no risk assessment in place for the communal patio area. This surface was uneven and posed a risk to people and staff tripping over. We raised our concerns with the registered manager who sent us completed risk assessments after the inspection.

There were personal plans in place for emergency situations. For example, people had their own emergency evacuation plan. Plans contained what support the person would need from staff in an emergency and any concerns staff would need to be aware of.

Relatives felt supported by adequate staffing numbers but not all people we spoke with felt there were enough staff at times. Relatives told us, "Yes of course there are enough staff" and "Staff are always around". One person felt on occasions there could be more staff on as they have had to wait for their bell to be answered. They told us, "At times I have to wait for staff, sometimes it is around 30 minutes before they come." We observed response times during our inspection. We found call bells were answered within five minutes. Rotas were planned in advanced so that there was the right skill mix of staff.

Is the service effective?

Our findings

The service was not always effective. People and relatives told us that they were pleased with the care and support provided. One said, "I come up every day and I feel they look after [Name] very well" and "Staff are good." Although people and their relatives were happy and felt that their needs were met, we had concerns over the level of skills in the staff team.

People were not supported by staff who received regular supervision and appraisals or training in order that they could properly support the diverse needs of people using the service. Supervision and appraisals are an opportunity for both staff and the manager to discuss their work and development opportunities. Staff told us, "I have requested supervision and was told, you don't need it, it is all up here (they then tapped their head)" and "I don't think I have had an appraisal" and "I have suggested some more training relevant to my role but I have not heard anything." In the last eight months the registered manager confirmed they had not been at the service much for staff to have received supervision. Staff confirmed supervision was not regularly provided, only one member of staff confirmed they had received supervision during 2015. The supervision policy confirmed staff should meet with their supervisor every six to eight weeks. This meant that the provider was not following their own supervision policy, or ensuring staff received appropriate support and supervision to ensure they were competent in their role.

This is a breach of regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The training matrix identified some staff had not attended moving and handling, fire safety, infection control and safeguarding training. One of the registered nurses had not attended manual handling, fire safety or safeguarding training. Two other staff were three months overdue for their Mental Capacity Act training and two cleaning staff had not received infection control training.

We looked at staff training files for the staff on duty the day of our inspection. There was no information in staff's file relating to their training and what had been undertaken. For example the nurse in charge and one member of staff had no information relating to any training completed. Two other staff files contained some certificates of training attended one member of staff had attended safeguarding

and the other had attended moving and handling and safeguarding but there was no other confirmation of training attended. This meant staff had not received training in order to carry out their roles safely and effectively.

People had meals provided flexibly but did not always have access to drinks in between meal times. For example, one person had a cup left in front of them that they kept picking up and sucking however the cup had no fluids left in it. We identified this to a member of staff who filled it up. Some people in the lounge were unable to express if they wanted a drink or were able to change their position to get a drink. We found in between meals and the hot drinks round in the morning and afternoon people did not always have access to fluids should they become thirsty. We fed this back to the manager who confirmed they would address this.

People who were at risk of weight loss had care plans and monthly weight charts in place. We spoke with the registered nurse who confirmed these were completed every month. One person had recorded a fluctuating weight record. The registered nurse confirmed due to the weighing scales not accurately taking people's weights they had been sent off to be calibrated. The registered manager confirmed they would be chasing up the return of the weighing scales so that weights can continue to be monitored.

During the inspection people were given choice regarding their diet. The chef confirmed one person did not like what was on the menu that day so they confirmed they would offer an alternative to them. People had alternative options offered when they seem to not be satisfied. For example, one person put down their knife and fork without eating much. A member of staff asked them if they there was problem with the food. When the person said they did not like it, they were offered an alternative hot meal or something lighter

People's consent to care and treatment was sought in line with legislation. 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

Is the service effective?

The provider was following the principles of the Mental Capacity Act 2005 (MCA). We found the MCA was being followed for people who did not have capacity to make their own decisions. Staff were able to demonstrate how they gave people daily choice. For example, one person was asked if they were ready to get washed. It was late in the morning almost 11:30. The member of staff asked, "Would you like to get up now and have your wash?". The person replied that they did. This meant staff demonstrated people had choice relating to their daily care needs.

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 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. At the time of our inspection one person was being restricted under the DoLS. The correct guidance had been followed to ensure this restriction was lawful and in person's best interest.

The home arranged for people to see health care professionals according to their individual needs. People saw their GP and were supported to attend appointments when they needed to. The registered nurse confirmed they liaise with the GP and gave an example of when they had recently done this. One person we spoke with told us, "Staff will go with us when necessary".

Is the service caring?

Our findings

Although people were happy in the home they felt their personal care needs were not always person centred. People and relatives wanted alternative options to having showers and to be offered them more frequently. For example, one person wanted a bath not a shower. They told us, "I like to sit in the water". Another person told us, "I like having baths". One relative told us, "[Name] only has a shower once a week and I think it could be more often. Another relative told us, "[Name] has a strip wash every day. They would prefer a shower". This meant people were not receiving personal care that was person centred to their wishes. We fed this back to the registered manager who confirmed they would review this person's request.

People had an easy read list of what they liked such as their clothes, drinks, meals. This was available to staff in people's rooms. One person's easy read list confirmed they preferred to wear trousers rather than skirts in the colder weather. It also confirmed what drinks the person liked. One relative we spoke with confirmed the person's wishes regarding their clothing choice. This meant people had choice and control over the care they received.

People and relatives felt that staff treated them with care and respect. They told us, "This place is really lovely, a really good place" and "Very good staff and they do a hard job, I don't think they could do anything better" and "I haven't decided whether this is the Ritz or the Savoy - I love it here. The staff are exemplary" and "This care home is wonderful, I am delighted to be here" and "If I want anything different, they will do it for me. I cannot think of anything they don't do. The staff treat me with care and respect". Relatives that we spoke with were also happy with the home they told us, "This place is stunning, the carers are really good" and "It's a lovely place and my relative is well looked after".

Staff demonstrated a caring and compassionate attitude towards people and they knew people well. During our inspection we saw one member of staff wake someone up who had fallen asleep in the lounge area. They demonstrated a calm and sensitive approach asking them if they wished to finish their snack. One member of staff told us, "I would recommend it here because I know people are well cared for".

People and relatives told us they could visit daily if they wished. One person told us, "I have a friend visit and a cousin who visits". One Relative told us, "I come up every day to see [Name]. There is never a problem about visiting. Another relative told us, "I visit quite often, it is never a problem". People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. People could spend time outside in the garden and sit on the patio if they wished.

One member of staff confirmed how they offer people dignity. They told us, "Whilst supporting [Name] we use a screen. This is so [Name] has dignity whilst we provide personal care." This demonstrated staff were knowledgeable of how to ensure people's dignity was respected.

The registered manager confirmed the home was currently liaising and working with people, families and professionals to review people's care. Not all people had relatives or someone to support them through changes planned for the home. An advocate is someone who can help when decisions need to be made. The registered manager confirmed they would provide information to people should they wish to contact an advocacy to support them with the planned changes for the service.

Is the service responsive?

Our findings

The service was not always responsive. Most people felt happy to raise any concerns or a complaint. One person during the inspection raised a concern with us. We fed back the details of this complaint to the registered manager who confirmed they would investigate and send us their report findings. Relatives we spoke with felt able to raise a complaint with the manager should they need to. One Relative told us, "Yes I have made a complaint, it was sorted to my satisfaction". Other relatives we spoke were happy to raise any concerns if they needed to. They told us, "We have never had to complain. We have had a few discussions and it has been remedied, like asking for mint sauce and now [Name] has mint sauce on everything" and "I have everything written down somewhere, any little hiccup seems to be sorted out quickly by the registered manager or one of the girls" and "They communicate very well here, the management and the carers". Two complaints had been received in the last twelve months.

Both complaints had been responded to but there was no information of the investigation or what learning had taken place. For example, there was nothing documented to indicate whether the complaint and outcome had been shared with staff. This meant the provider could be missing learning opportunities to prevent similar issues occurring.

During the inspection the registered manager was unable to confirm when the most recent feedback questionnaires had been undertaken. We were sent information following the inspection that confirmed questionnaires were completed in April 2015 but we were not sent how the provider was going to address the findings. Views had been sought from people, relatives, staff and professionals. The feedback was mainly positive although 12 % of staff were unhappy in their role and 11 % and felt there were not

enough staff on duty to meet people's needs. When staff were asked what improvements they would like; comments included, 'The decor, carpets, less agency and the lift is noisy'. This meant although the provider had sought feedback there was no supporting action plan that confirmed how they were going to address this feedback.

The service was responsive to people changing needs. For example the nurse confirmed they had recently contacted one person's GP. They told us, "We had to call the GP as [Name] wasn't very well. They are now making an improvement". One person had been seen by the falls team, they were then reviewed by their GP and their medication was changed. They were due to be reviewed in two months unless there was a change to their wellbeing.

People had detailed care plans. Care plans provided staff with guidance on each person's individual needs. Details of people needs were comprehensive and included guidelines for staff to follow. For example one care plan confirmed the person's preferred bed routine. It confirmed the time and the support arrangements the person needed. Another detailed the persons nutritional and hydration needs, confirming they liked 'tea with two sugars and chocolate, biscuits and sweet puddings'.

Staff we spoke with confirmed activities are once a week. One member of staff told us, "[Name] was here yesterday". Activities planned included, bingo, music and a Christmas party. The registered manager confirmed the activities co-ordinator was shared between two homes and that people get to feedback after each session and this allows the co-ordinator to know what people have enjoyed. People listened to music, the radio and watched TV in their rooms and in the main lounge area. This meant there was an opportunity for people to feedback and activities to be reflective of what people had enjoyed.

Is the service well-led?

Our findings

The service was not benefiting from being well led. We found although there was a registered manager in post they confirmed they had since April 2015 been at one of the providers sister home's. The deputy manager had also been off work since April 2015 and no back fill had been arranged which meant the registered nurses were the most senior member of staff left in charge on a daily bases in the home. On the first day of the inspection we found the registered nurse in charge was an agency nurse. We discussed the management arrangements with the registered manager. They told us, "The deputy has been off and I have been supporting [Name of care home] whilst we implement a new project. This has meant I haven't been at the home much since April". We were told the plan for Cleeve Court was to close the home and in the last few weeks the provider had meet with the local authority, people and relatives to tell them this news. During the inspection we confirmed that the home was not benefiting from the lack of management arrangements. We asked the provider to review and make the necessary statutory notifications to us as required under The Care Quality Commissions registration.

The provider's quality assurance systems were not ensuring they monitored the quality and safety of the service or identified areas for improvement with an action plan that confirmed timescales. We found some audits completed identified shortfalls. For example, some doors did not have automatic shutting mechanisms and some windows needed window restrictors or replacements due to them being broken. The provider and registered manager were aware of the concerns prior to our inspection but there was no action plan in place that confirmed when these were due to be fixed. We raised these concerns with the local fire brigade following the inspection and the provider also confirmed they would ensure action was taken following the inspection.

We also found other areas of concern relating to the building where one room on the first day of the inspection had a fly infestation as 100's of flies were either dead or dying on the window sill. The room also had mould and fungus growing in the corner and up the wall. This room was not being occupied however there was no action plan in place that identified the concerns or when they were going to be resolved. Other areas throughout the building

were also in a poor state of repair. The clinical room had plaster missing, holes in the walls and vinyl flooring that didn't reach the wall. Carpets were black and frayed in some rooms and ill-fitting over thresholds creating a trip hazard for people and staff. Hoists and commodes were dusty and dirty. We spoke with the registered manager and the nominated individual they confirmed they would review the environment and move people into other rooms where necessary.

This is a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The medication audits undertaken monthly failed to identify where medication was not being securely locked and medication records were not accurate, or was medicines identified that had not received stock monitoring. This meant there was no action plan in place that identified the shortfalls and confirmed when these would be actioned.

The provider and registered manager were missing opportunities to review the services visions and values due to the lack of supervisions and appraisals. Supervisions are an opportunity for staff to spend time with senior staff to discuss their work load and highlight any training and development needs. They are also a chance for any poor practice or concerns to be addressed in a confidential manner.

We asked the registered manager what the vision and values were for the service. They told us, "To provide the best quality care we can, to provide care to maintain and promote independence". They confirmed there were plans to change the use of the building and that in doing this the building would undergo a significant rebuild and upgrade future plans also included promoting independence to people in their own flats.

Staff felt moral was low and unhappy with the changes planned. They told us, "I don't feel well supported. Moral has gone whoosh, there should be someone in charge every day" and "I have worked here for many years, it is sad to see it go. But I will go and work at the other home" and "I love it here, I am not happy about it going. It is a place I would put my mum and dad in. It's a good place". We fed back for the registered manager and nominated individual how staff were feeling with the lack of management available and the planned changes.

Is the service well-led?

The homes records were not always well organised or accessible. We found during the inspection information relating to audits, training, staff checks and monitoring of the care was not always accessible and the registered manager had to request information from head office. For example, the registered manager did not have access to the most current survey information. They were unable to confirm what was raised or what action had been taken since. Other information such as buildings audits were

stored on the computer system but the registered manager was unfamiliar with the details of audits and any actions required until reviewing the files. Staff files did not have completed paperwork relating to employment checks. This meant information relating to audits and employment checks were not always accessible and there was not a clear action plan that confirmed how the provider was going to address the shortfalls found.

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The building in some areas was in a poor state of repair, carpets were frayed, dirty and ill fitting. Some walls were crumbling and had mould and fungus growing and not all doors and windows had restrictors or fire safety devices fitted.

15 (1) (a) (d) (e)

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

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

Medicines were not managed safely. Due to inadequate storage, unlocked medicines and unsafe practice relating to administering medicines. Medication records also failed to record administration of medicines or where medicines had been disposed of.

12 (2) (g)

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who were at risk of developing pressure sores did not have accurate records confirming they received their assessed need.

The registered provider had not protected people by ensuring audits identified areas of concern found during the inspection and that there was a clear action plan in place to address the shortfalls.

This section is primarily information for the provider

Action we have told the provider to take

17 (1) (2) (b) (c)

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People were not supported by staff who received regular supervision and appraisals or training in order that they could properly support the diverse needs of people using the service.

18 (1) (2) (a)