

Kent County Council Southfields

Inspection report

Stanhope Road
Ashford
Kent
TN23 5RW

Tel: 01233620256
Website: www.kent.gov.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 11 and 12 October 2016 and was unannounced. Southfields is registered to provide accommodation and personal care for up to 15 people. It is a respite service, offering overnight stays for people with learning disabilities, who usually live with family members or carers. At the time of the inspection there were seven people staying at the service. One person was there on a long stay placement, meaning they were living at the service until a more suitable place could be found. Southfields was last inspected on 11 February 2014 where no concerns had been identified.

Downstairs there was a kitchen, dining room, activities area, lounge, several bedrooms, sensory room and bathrooms. Upstairs there were more bedrooms, bathrooms, and a games room which was not in use as it was being redecorated. Two training flats were available to support people to become more independent. There was a large garden to the rear of the service with seating which people could access freely. People using the service had a range of physical and learning disabilities. Some people were living with autism and some required support with behaviours that challenged.

The service had a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission (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. The registered manager had taken up post at Southfields in July 2016 and was also the registered manager of two other services within the providers group.

Some risks relating to health care conditions such as epilepsy and diabetes had not been assessed fully. Other assessments had been completed to support people to remain safe.

Safety checks had not identified the risks of fire doors being propped open. Emergency evacuation plans lacked enough information about how people required support from staff. The provider had not done everything reasonably practical to reduce the risk of harm to people.

The service lacked oversight and improvement was not driven. People's feedback was obtained with the view of improving the service, but action was not taken or recorded to demonstrate the improvements that had been made.

Care plans lacked enough person specific detail which meant people may be at risk of receiving inappropriate support particularly as the service was utilising a lot of agency staff to cover shifts. People's behavioural guidelines lacked enough information to guide staff to manage incidents well. Support plans were not individual and were written in a generic format.

It was not possible to see if all staff had received regular supervisions as a general supervision matrix was not available. The registered manager did not have good oversight of this and relied on the team leader's

assurance that supervisions were up to date.

Areas of the service were worn and dated; paint was flaking away from walls in the dining room and lounge. The provider planned to refurbish all areas of the service but a confirmed date had not been agreed.

Staff were aware of their responsibilities in relation to keeping people safe. They knew how to report any concerns to their manager and also to agencies such as the local safeguarding team or the Commission.

There were safe processes for storing, administering and returning medicines; medicines were administered by trained staff.

Accidents and incidents were recorded and audited to identify patterns and the registered manager used this as an opportunity to learn and improve outcomes for people.

Staffing was sufficient, staffing numbers varied according to the placements which were being supported. A dependency tool was used to work out the required number of staff needed depending on people's individual needs.

New staff underwent an induction which prepared them for their role and did not work unsupervised until assessed as competent to do so. Safe and robust recruitment process were in place to ensure people were supported by appropriately checked staff.

Staff demonstrated caring attitudes towards people and showed concern for people's welfare. When people required to be supported with their anxieties staff did this in a patient and compassionate manner.

People were supported to make their own decisions and staff gave people information to make an informed choice. When people's choices posed a potential personal risk this was respected. Staff demonstrated they understood people well.

People's needs were assessed before they started using the service. People's healthcare needs were managed well. If people became unwell when using the service staff supported them to see a doctor.

People had choice around their food and drinks and staff encouraged them to make their own decisions and choices.

Staff felt positive about the future of the service and were positive in the feedback they gave about the registered manager who they found supportive and approachable. The registered manager understood the key challenges of the service and had spent time building relationships with the staff to improve morale in the team.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this 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 consistently safe.

Some risks relating to health care conditions such as epilepsy and diabetes had not been assessed fully.

Safety checks had not identified areas of risk around the service, plans to support people in emergency situations lacked detail.

There were enough staff to meet people's needs.

Accidents and incidents were recorded and audited to identify patterns.

People received their medicines safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

It was not possible to identify if regular supervision had been established for staff.

Staff had received the training they required to be able to support people with their needs. New staff had a thorough induction.

People had choice around their food and drink.

Is the service caring?

Good ●

The service was caring.

Staff spoke to people in a kind and patient way. Staff took the time to interact with people and engage them with activity.

People were encouraged to make their own choices which were respected and supported.

Staff demonstrated they wanted good outcomes for people and wanted to continue to improve the services people received. People were treated with respect and dignity.

Is the service responsive?

The service was not consistently responsive.

People's needs were assessed before they started to use the service; however people's care plans sometimes lacked the detail for staff to provide effective support.

People were offered varied activities to meet their individual needs and interests. Activities were available for people inside and outside the service.

There was a complaints procedure available for people should they be unhappy with any aspect of their care or treatment.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Documentation was conflicting and required updating to reflect the current needs of people.

People's feedback was sought so improvements to the service could be made but action was not taken or recorded to demonstrate how the service had improved.

Staff felt they could go to the registered manager for guidance and support and were positive about the future of the service.

Requires Improvement ●

Southfields

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 the 11 and 12 October 2016 and was unannounced. The inspection was conducted by one inspector. Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events, which the service is required to tell us about by law. The provider had not had the opportunity to complete a Provider Information Return (PIR) as they had not received this document before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We collected this information throughout the inspection.

During the inspection we spoke with five people, nine staff, one agency worker, and the registered manager. After the inspection we received feedback from one healthcare professional and spoke with two relatives. Some people were not able to express their views clearly due to their limited communication, others could. We observed interactions between staff and people. We looked at a variety of documents including seven people's support plans, risk assessments, daily records of care and support, three staff recruitment files, training records, medicine administration records, and quality assurance information.

Is the service safe?

Our findings

One person said, "If I was not feeling safe I would talk to the team leaders". Another person said, "I like it here, its lovely, I look forward to coming here and seeing familiar faces".

People had their own individual risk assessments according to their needs. Risk assessments had been completed to support people to remain safe. Assessments included information about what the risk was, who was at risk, what control measures were present and what further action could be taken to reduce risk. Other risks relating to health conditions such as epilepsy and diabetes were not assessed fully. Guidance did not specify how staff should respond in an emergency situation if the person had a seizure and required further medical help. The guidelines did not give details of how staff could recognise if the person was having any seizure activity and gave no time scales of when further medical help should be sought. A staff member said, "There is generic guidance about epilepsy but it's not specific to the person". Although a person's care plan contained basic information about their diabetes there was no information for staff to recognise the signs if the person's blood glucose dropped too low or became too high. Staff were not responsible for monitoring the person's sugar levels meaning a good understanding of the signs and symptoms to be aware of was necessary should the person require further medical treatment. A staff member said, "(Person) has diabetes and knows what they should be eating. I couldn't say if all staff would know if their levels were too high or too low. It's never happened here so couldn't say".

Door Guards were fitted to each fire door and checks took place to ensure they operated correctly; however, two doors that led into the lounge did not have door guards and did not self-close unless pulled shut. The door to the team leader's room was propped open with a piece of wood and therefore would not close automatically if the fire alarm sounded. This meant that people were at risk should a fire occur. Some people may need help and assistance to leave the service in the event of an emergency evacuation. Individual personal emergency evacuation plans (PEEPS) should establish people's support needs and how they may respond to an emergency situation; staff should be aware of these support needs. PEEPS lacked enough information to inform staff how people should be supported in the event of a fire. One person's assessment stated 'Person is supported in the event of a fire, and also should they need to evacuate the building. Action- staff to be aware of persons needs and that they will require assistance in order to ensure their safety in the event of a fire evacuation'. There was no further information of how this could be achieved which placed the person at risk.

Other safety checks had been made regularly on equipment and the environment. This included monthly fire extinguisher and emergency lighting checks, weekly water and fire alarm checks.

Some people could display behaviours, which were physically and verbally challenging. People's behavioural guidelines lacked enough information to guide staff to manage incidents well. One person's care plan did not give any description of how to manage their behaviour apart from stating staff should say to the person 'hands down' when trying to manage a certain situation when the person's behaviour could be challenging towards others. Another part of the persons care plan stated, 'Sometimes I need two people to help me if I am not having a good day'. There was no further information to describe what this meant or

how staff should support the person. New staff and current agency staff had no guidelines to refer to. Although information lacked enough detail, staff present during the inspection demonstrated a good understanding of how to manage people's behaviours well and were quick to intervene when people became agitated.

Risks to people were not always assessed, managed and mitigated. Safety checks had not identified the risks of fire doors being propped open. Emergency evacuation plans lacked enough detail to support people in the event of fire. There was not enough information for staff to manage behaviour which could challenge others. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider is responsible for notifying the Commission of any safeguarding incidents which have happened within the service. Although a notification had been completed for a recent incident this had not been sent to the Commission. The registered manager said this had been an oversight and sent the information to us during our visit. Other notifications of incidents had been sent to the Commission without delay. Staff were aware of their responsibilities in relation to keeping people safe. They knew how to report any concerns to their manager and also to external agencies such as the local safeguarding team or the Commission. Staff were able to describe how to raise safeguarding concerns and who they could report concerns to outside of the organisation.

Staffing was sufficient, staffing numbers varied according to how many people were currently staying at the service. A dependency tool was used to work out the required number of staff needed depending on people's individual needs. At the time of inspection some people received additional support hours from external staff which were referred to as personal assistants (PA). PA's provided specific hours of support whether the person was staying at Southfields or were in their own home. Agency staff were frequently used to cover gaps in the rota, the provider was in the process of re-deploying staff to fill the gaps in the rota.

Accidents and incidents were recorded and audited to identify patterns. Incident forms were used to record information about the incident and what action could be taken to prevent a re-occurrence. Information was then inputted into the providers online system so further analysis could be conducted and to ensure good oversight of incident management. The registered manager discussed incidents at team meetings to identify patterns and how things could improve.

Recruitment processes were in place to protect people: Employment gaps had been explored, references and photographic identification obtained and Disclosure and Barring Services (DBS) checks made. These checks identified if prospective staff had a criminal record or were barred from working with adults. Permanent staffed renewed their DBS checks every three years so the provider could be assured they continued to be suitable for their roles. Other checks made prior to new staff beginning work included references, health and appropriate identification checks to ensure staff were suitable and of good character. The registered manager conducted interviews with applicants, and the rest of the recruitment process was completed by head office.

There were safe processes for storing and administering medicines. If people were unable to take their own medicine independently, this was administered by a trained team leader, trained care staff would administer prescribed creams. People had individual assessments around how they liked to take their medicines. The team leader was responsible for signing in any medicine which was brought into the service and signing out medicines which left with the person at the end of their stay. Daily audits were conducted by the team leader to identify if any mistakes had been made and team leaders did a complete count of all medicines during shift handovers to ensure all medicine had been administered correctly.

Is the service effective?

Our findings

A staff member said, "My supervisor has just changed, I haven't had one yet (referring to a supervision). Sometimes there's no time for supervisions, it depends on the shift. I think they need to re-think how they do them". Another staff member said, "I have lots of supervision, there's always someone I can go to if I need a chat, I can go to the team leaders. I did just have a supervision last week or the week before". Team leaders were allocated care staff to supervise, complete mid-year reviews and appraise annually. Each team leader stored their own supervision schedules on the computer system which only they could access. It was not possible to see if all staff had received regular supervisions as a general supervision matrix was not available which meant the registered manager relied on the team leader's assurance that supervisions were up to date. A team leader said, "There is a matrix but I don't fill it out". This is an area which requires improvement.

Areas of the service were worn and dated; paint was flaking away from walls in the dining room and lounge. The registered manager said the provider planned to update all areas of the service but a confirmed date had not been arranged. A healthcare professional said, "Feedback from young people in transition is it looks and feels like an older persons home. The environment could certainly do with modernising in areas." A staff member commented, "They should be redecorating the building soon which will be lovely. It's tired and needs updating". This is an area which requires improvement.

A healthcare professional said, "In my experience yes, staff are proactive in addressing changes in health needs". Although some information was available about people's health needs detail was lacking which potentially placed people at risk, for example people with epilepsy and diabetes. Separate health passports were not available to keep track of peoples current health needs or to give staff good oversight of any on going treatments the person may be having. Staff relied on verbal information received from people's relatives or permanent carers. This was more significant because people did not live permanently at the service so continuity of care was not possible. This is an area which requires improvement.

People were supported to manage any health concerns they may have during their stay at the service. Although people's usual doctor's surgery was at their permanent place of residence they were able to make appointments at a nearby surgery whilst they stayed at Southfields should they require any medical treatment or check-ups. People on long stay placements had been supported with referrals to outside healthcare professionals.

All staff completed mandatory training in the form of face to face or e-learning. Staff told us training opportunities were regular. Mandatory training included; fire safety, infection control, health and safety and safeguarding people. Additional training was offered to staff in specialised areas such as epilepsy, managing challenging behaviour, diabetes, and Autism and Aspergers awareness. Out of 22 staff, only 14 had completed training in diabetes awareness although staff said they had covered part of this in their first aid training. Staff demonstrated the appropriate skills and knowledge to support people with their needs.

Although no staff had been recently employed, the registered manager explained the induction process that newly employed staff followed. New staff spent one to two weeks shadowing other staff as part of their

induction when beginning employment with the service and were issued with an induction checklist to complete. New staff would not lone work until their competence was confirmed by the registered manager. The Care Certificate would be issued to supplement the provider's own induction processes. The Care Certificate was introduced in April 2015 and are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life.

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 are called the Deprivation of Liberty Safeguards (DoLS). 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. Nobody was subject to a DoLS to deprive them of their liberty. We saw recorded documentation of how the provider had responded to meet the requirements of this law and the needs of the people living there. A short break service assessment was completed for each person to assess if a DoLS authorisation should be applied for. When assessments had indicated people did not have capacity to make their own decisions and they had been restricted in some way the provider had sought advice from the DoLS office so they could comply with the law.

A healthcare professional said, "The meals always smell tasty and no one has ever fedback to me any complaints about food or drink not being readily available". Menus were displayed in the dining area and people were offered different choices for their meals. During our visit we observed lunch. People were supported in an unhurried and relaxed way, staff spoke to people throughout their meal asking them if they would like anymore food or drink and if their meal was nice. A staff member showed a person two different drinks and patiently waited for the person to make their choice. One person said, "I've had a cheese and pickle sandwich and pork pie, It was nice".

Is the service caring?

Our findings

A person said to a staff member, "Guess what, next year I'm coming here for three weeks as my carers will be away. I'm looking forward to it". A relative said, "I'm definitely very happy and (relative) loves it there, I wouldn't let (relative) go to any other respite service".

Throughout our visit people came and went as they pleased and had several areas where they were able to spend time, such as the garden, the lounge, activities area which had a pool table, games and puzzles and their own rooms. The registered manager had an open door policy and one person frequently came to the office to talk to them. There was a good rapport and humour between the person and registered manager. The person said, "She (registered manager) is a nightmare! She dances around and sings all the time". The person smiled and laughed whilst they said this.

People were always spoken to in a dignified and respectful manner; people's choices were listened to and respected. It was apparent that people felt confident and comfortable in their home and that the staff were easily approachable. Staff spent time sitting with people and talking to them in a caring and interested way. One person sat in the lounge watching a film and a staff member had a conversation with them about how they used to watch the film with their family when they were a child, the person enjoyed talking with the staff and laughed and smiled throughout the interaction. Another staff member supported a person while they did some artwork. The staff member gave praise to the person and told them how good their picture was which the person was pleased with; they told us they loved colouring.

Staff were patient and demonstrated understanding of people who were unable to communicate verbally. One person pointed at the window which led outside, staff immediately asked the person if they would like to go outside for a walk and waited for the person to communicate back their preference. A staff member said, "I would send my family here, as a whole the service users come first. Staff do genuinely care". Staff understood people's preferences well; a staff member explained how important it was for a person to carry around a particular object and have a certain item of clothing with them at all times or they could become distressed, we saw the person with both items during our visit.

People were involved in making decisions about their care and treatment. The registered manager spoke to a person about an aspect of their lifestyle which they had agreed together required improvement for the health and safety of the person. The person told the manager how they had taken steps to improve this and the manager praised them and explained why it was important. The person's views were respected and listened to throughout the conversation. If people needed help to make specific or complex decision information was available about advocacy services they could use.

People's privacy and dignity was respected and staff engaged with people in their preferred way. One person chose to spend time alone in their room and have their meal there. Staff frequently asked this person if they was okay and if they would like to join other people but respected the person's choice when they declined. People were free to make their own choices even if this could increase the level of risk to the person. Staff cared about the welfare of people but understood that it was the person's right to accept

certain levels of risk and make their own choices even if these choices exposed the person to certain levels of harm. One person's choices had put them at risk; staff explained to the person the consequences of their action so the person had all available information to make their own decision. Staff respected the person's choice even if they felt this was the wrong decision to make.

Is the service responsive?

Our findings

A person said, "There's a bus stop nearby, we go out when drivers are on, more drivers would be good. I like to do art and quizzes in the house as activities". The registered manager said, "When I came here I felt like it had got complacent. There was good care and the staff care about people but it is not as person centred as it could be".

A staff member said, "The care plans need to be updated and written better, they need more detail". Care plans lacked enough person specific detail which meant people may be at risk of receiving inappropriate support particularly as the service was utilising a lot of agency staff to cover shifts. An agency worker attempted to help a person stand up from their chair. They stood in front of the person and tried to pull them up by holding both their hands which was unsuccessful. A staff member intervened and said, "If you say, stand up (person's name) directly they will normally respond better". The staff member demonstrated what they had described and held the person's hands for support. The person stood without any trouble and little physical assistance. The staff member said, "I will need to update this in their care plan as it is not in there".

The registered manager said, "It's important that we add more detail to care plans, if a person needs help with personal care we need to state exactly what this is so we can support their independence". Some documents lacked important information or gave conflicting information, for example, a person's moving and handling assessment stated they were independent when mobilising requiring no help or support. A staff member said this was incorrect and a staff member should always be with the person to offer support to help maintain their safety, we observed this to be the case and staff supported the person to mobilise from their chair to standing.

Another person's care plan gave conflicting information about the support they required with their personal care. One document stated they only required verbal prompts, another document stated they required physical help with dressing, washing, and brushing their teeth and hair. The support document also said they needed two staff to help them with their personal care, the registered manager said this was not accurate and one staff was sufficient to support the person with this. One person's care plan stated they could use basic signs to communicate but there was no description of the signs they used or when they used them, staff did not sign to the person throughout our visit.

Support plans were not individual and were written in a generic format. All plans contained the same pictures which the registered manager said was not always the most appropriate format, as some people may not like to have pictures on their documents. Care plans focused on people's basic needs but little information was provided about the person's histories or personal preferences. Information focused on what people could not do, rather than what they were able to do to encourage them to remain independent. For example one person's pen picture said; 'things I can do for myself- I am unable to do much for myself'.

The provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met. This is a breach of Regulation 9 of the Health & Social Care Act 2008

Before people used the service the registered manager conducted a pre-assessment to ensure the person's needs could be met. People visited the service several times before staying overnight and information collected from the visits was compiled into a support plan enabling staff to support the person appropriately. The registered manager said, "Some people may require a staggered admission, others are quicker. We start with a basic dependency assessment then build a picture for the plan".

During both days of the inspection people went out to do activities. Some people had their own personal assistants who supported them throughout the day to go out. One person told us they had been bowling and were going swimming the following day, another person had met a friend out for lunch at the pub and one person attended a day centre from Monday to Friday. When people chose to stay in the service staff offered them various activities and objects to keep them interested. One person was offered a box full of different objects that they shook over the floor and interacted with. The staff member spent time throwing a ball to another person which they threw back. One person told us that they enjoyed watching films on the television and drawing pictures. Peoples preferred activities were discussed before admission into the service as part of the pre-assessment. This ensured staff were aware if people had established activities that they attended. There were opportunities for people to attend evenings out, one person said, "I go to a night club, I think it's every two weeks it's really good".

A person said, "If I'm not happy about something I can talk to the team leaders or manager". The service had a robust system in place to respond to complaints. An easy read format was available for people who may need it. When concerns or complaints were made these were recorded and follow up action taken and recorded. There were no open complaints at the time of the inspection.

Is the service well-led?

Our findings

A healthcare professional said, "Staff appeared to previously feel unsupported, however the new manager seems to be trying to make positive improvements to the service they are approachable and person centred". A staff member said, "The morale is so much better. The new manager is lovely; staff are working much better together. We had got complacent and needed a fresh pair of eyes to highlight what we needed to improve".

The service lacked oversight and improvement was not driven. People had meetings so they were able to say what they felt could improve. Although action plans had been identified following the meetings, the agreed action had not always been taken. It was not possible to see when action had been taken as records had not been updated. A staff member said, "We don't write down anywhere the action which is completed once areas of improvement are identified". In August 2016 one person had asked that a bath was looked at as there was a sharp piece of plastic which they caught their leg on. No action had been taken to make improvements following this comment and a staff member said they had forgotten about it until it had been brought up during the inspection.

The provider asked people to complete surveys to obtain feedback with the aim of improving the service. Although surveys had been analysed no further action had been taken to make improvements to the areas which had been identified. In September 2016 seven surveys had been completed by people. One comment said, 'I would like to go out more often'. No further information was recorded to say what action had been taken to improve this.

Some documentation was out of date and lacked enough information. This was recognised by the registered manager who said additional hours had just been agreed so team leaders could help update files. Information did not reflect the current needs of people to inform staff of the best way to support them. Risk to people was reduced because of the diligence and knowledge of staff, but documentation needed to be improved. Although staff clearly knew people well and the care people received had not been impacted upon by poor records; new staff would be reliant on other staff informing them of people's needs and could not be reliant on the documentation available to guide their practice. This posed a risk to people's safety.

The systems for monitoring the quality and safety of the service were not effective. Feedback from people had not been responded to appropriately. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A staff member said, "The manager hasn't been here that long but I've known them for a long time. I will say what I think if things are not right. I feel listened to". Another staff member said, "I'm really impressed with the manager, they always take what I have said on board and treat us as equals. I talk to them and things will get addressed". There were some good processes for staff handing over information to one another when shifts changed. A white board in the team leader's office was used to note down any important information and team leaders verbally handed over information at the end of their shifts. A communication book was used to pass over important information or tasks that required completion.

The registered manager oversaw two other services as well as Southfields. They said, "My biggest challenge was giving the staff a chance to have a voice and improve the communication, team morale and working together. I've encouraged staff to be open and honest and challenge things when they don't understand why they've been asked to do it". Quality assurance checks had been conducted by other managers within the organisation and areas of improvement had been identified although follow up information of the action taken was not recorded. This meant it was not possible to see how the provider had improved the service people received.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met. Regulation 9(1)(3)(a)(b)(c).</p>
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>Risks to people were not always assessed, managed and mitigated. Safety checks had not identified the risks of fire doors being propped open. Emergency evacuation plans lacked enough detail to support people in the event of fire. There was not enough information for staff to manage behaviour which could challenge others. Regulation 12 (1)(2)(a)(b)(d)(i).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The providers systems for monitoring the safety of the premises was not effective. Feedback from people was not responded to appropriately. Regulation 17(1)(2)(a)(b)(e).</p>