

MyMil Limited

Syston Lodge Residential 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 12 January 2016 and was unannounced. At our last two inspections of the service on 26 February 2014 and 22 August 2014 the service was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Safety and suitability of the premises. Following the legislative changes of 2015 this correlates to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 12 Safe care and treatment. The service had also been in breach of the same regulation at the previous inspection on 26 February 2014. The service sent us a plan of the actions that were going to take to ensure they were compliant with the regulation. At this inspection we found that although some areas had been addressed there were still some concerns relating to people's safety and welfare within the premises.

Syston Lodge Residential Home is a purpose built home situated in Syston. It provides accommodation for up to 25 people spread over two floors. There is a passenger lift and stairs to access the upper floor. At the time of our inspection there were 19 people using the service.

There is a registered manager at the service, however at the time of our inspection they were not at work. 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 provider had arranged for a manager from their other service to oversee the day to day management of Syston Lodge Residential Home in the registered managers absence.

People at the service felt safe. They were supported by staff that understood their responsibilities to identify and report any signs of abuse using the provider's safeguarding procedures. People's safety was supported by the provider's recruitment practices. Relevant checks had been carried out on staff before they started work.

Staff were aware of risks associated with people's care and support, although these had not always been updated in people's plans of care. Accidents and incidents were recorded but on one occasion we found that there had been a delay in a person seeking further medical attention following a fall.

People were supported by staff with the right training and support to meet their needs. However staff did not have a consistent understanding of people's dietary needs. The provider could not assure themselves that people that required a fortified diet were always being provided with one. People were provided with a choice of meals. People were offered regular drinks and snacks throughout the day.

Staff obtained people's consent prior to assisting them with any care and support. The management team were aware of their roles and responsibilities under the Mental Capacity Act 2005.

Staff treated people with dignity and respect. People were able to spend their time the way they wanted and

their choices were respected. People were able to spend private time alone or with other people in communal areas of the service. Staff were caring and attentive to people's needs.

People contributed to an assessment of their needs, Care plans contained information about people's likes, dislikes and preferences and things that were important to them such as their religion.

People were supported to pursue their interests and hobbies. Arrangements had been made so that people could continue to observe their faith.

People did not feel confident about raising their concerns about the service. The provider had a complaints policy available to people.

Staff at the service shared the same vision and values which was consistent with the services statement of purpose. Staff felt well supported and enjoyed their work.

Premises and equipment were not adequately maintained to ensure people's health, wellbeing and safety was protected.

The provider had quality assurance and governance systems in place but these were not effectively monitoring the quality and safety of the service. The concerns relating to the general environment had not been identified by audits that were in place. Areas relating to the building and premises continued to present a risk to people that used the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of the report.'

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People felt safe at the service and staff were aware of their responsibilities of how to keep people safe and report concerns.

People were not always protected from risks relating to their health and safety. Premises and equipment were not adequately maintained to ensure people's health, wellbeing and safety was protected.

The provider's recruitment procedures were robust. There were sufficient numbers of staff available to meet people's care needs.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were supported by staff with the right training and support to meet their needs. However staff did not have a consistent understanding of people's dietary needs. People that required a fortified diet were not always provided with one.

Staff obtained people's consent before supporting them.

People received health care support as they needed it from a range of health care professionals,

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity were respected.

Staff developed caring relationships with the people they supported.

People chose where they spent their time.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People contributed to an assessment of their needs.

People were supported to pursue their interests and hobbies. Arrangements had been made so that people could continue to observe their faith.

People did not feel confident about raising their concerns about the service. The provider had a complaints policy available to people.

Is the service well-led?

The service was not consistently well led.

People participated in quality assurance questionnaires.

Staff felt valued and enjoyed their work.

The provider had failed to act on feedback and ensure that the premises were maintained appropriately to ensure people's safety and welfare.

Requires Improvement 

Syston Lodge Residential 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 12 January 2016 and was unannounced.

The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, their area of expertise was for older people with dementia.

We looked at and reviewed the provider's information return. This is information we asked the provider to send us about how they are meeting the requirements of the five key questions. We reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority who had funding responsibility for people who were using the service. We spoke with a health professional who visited the service on the day of our inspection.

We spoke with ten people that used the service and three people that were visiting other people at the service. We spoke with the acting manager, the deputy manager, a senior carer, three carers, the cook, the activities coordinator and a housekeeper.

We examined the care records of two people in detail and we looked at the care records of four people to see how their specific needs were met. We looked at the incident and accident forms that had been completed for the past two months. We looked at documentation about how the service was managed. This

included policies and procedures, three staff records and records associated with quality assurance processes.

Is the service safe?

Our findings

At our inspection on 26 February 2014 we identified some concerns relating to the safety and suitability of the environment. At our inspection on 22 August 2014 we found that some improvements had been made but the premises were not being adequately maintained at the time of the inspection. During this inspection we also identified concerns relating to the upkeep and maintenance of the environment. We were concerned that people's welfare and safety were being put at risk because of the issues we found.

People told us they were generally happy with the cleanliness of the service but that some areas required attention and updating. One person told us, "The home is very clean and doesn't have any of the smells some have." A relative told us, "The home smells nice and fresh all the times I have been here and you don't even walk in to food smells after lunch which is nice. The bathrooms are a little dated and very pink, with some areas a bit shabby, but they get a lot of wear and tear." Another visitor to the service told us, "I am quite unhappy about the state of the personal trolleys and tables near their [people's] chairs. They [people using the service] have all their personal stuff on there and sometimes their meals. They leave a bit to be desired as far as cleanliness goes. It has been mentioned, but nothing done so far apart from a swift wipe of clear spaces occasionally."

We observed that there were a number of areas around the service that required maintenance or attention. These include previous fixings to walls which had not been repaired and decorated, open light covers that contained a number of flies, a small lamp clipped to a shelf above the sink with an open bulb and corroded commodes which posed an infection control risk. Previous fixings to walls were between waist and head height. These could cause harm or injury to people with fragile skin if people accidentally brush against them. The accessible light bulb meant that there was a risk that a person may burn themselves on this. There was no mention on the repairs, equipment, maintenance and renewal programme to replace the corroded commodes and no plans to do so.

We also saw that there was a trolley in the staff room which was very dirty and stained. We discussed this with the manager who advised that this was waiting to be thrown away. We later saw the cook using the same trolley in the same condition to serve food to people. The food was not covered in any way. This was an infection control risk as the germs on the trolley could easily have been transferred onto people's food. As soon as this was discussed with the manager they advised the cook to stop using the trolley.

Tea cups and beakers on the tea trolley that were being used to service people drinks were heavily stained. We spoke to the staff about this who told us that even when they washed them again the stains remained. Staff continued to use these to serve drinks in to people that used the service.

We also found that stairwells were unprotected and two radiators in communal and accessible areas that did not have hot surface protection in place. There was no risk assessment in place in relation to these areas.

These issues constituted a breach of Regulation 12 (1) (2) (a) (b) & (d): Safe care and treatment. Health and

People told us that they felt safe at the service. One person told us, "No-one other than the cleaner or staff ever come into my room, so I don't worry about safety really. We are all downstairs for most of the day and those that go upstairs can't usually get about without help. There are night staff looking after us then, so nothing to worry about. My [relative] says it's like Fort Knox to get in and out of here." When asked about feeling safe another person told us, "I don't worry about leaving my bag by my chair. The staff know which one it is, and in fact they all say they like it, so they keep an eye on it for me." Relatives felt that the service was safe. A relative told us, "I sleep at nights again since my [person using the service] has been living here. Before that I had many hours of broken sleep." A visiting health professional told us that people living at the service were safe.

Staff members had a good understanding of the various types of abuse and knew how to report any concerns both internally and externally. Staff members were aware of the whistleblowing policy and knew how to report and escalate any concerns. The provider had policies and procedures for protecting people from abuse and staff were aware of these.

We saw that incidents and accidents were recorded along with any follow up actions that had been taken. This included any possible reasons for the fall or accident and analysis of the things already in place to prevent a reoccurrence and if any further measures needed to be taken. We also saw that the service monitored people's conditions following any accident or incident to ensure people's welfare. However we were concerned about one incident form we came across. A person had experienced a fall, the GP was called on the same day but then no further medical attention was sought until two days after the fall had occurred despite the persons mobility being recorded as 'very poor' and bruising being identified. The recordings in the continued checks on the post-accident form did not reflect the recordings in the person's daily notes. In this instance the service had not taken necessary action in a timely manner in relation to the person's injuries following a fall.

We saw that where risks relating to people's care had been identified a risk assessment had been carried out. These did not always identify the level of risk that people were at. Staff were aware of risks associated with people's care and support.

People's safety was supported by the provider's recruitment practices. Staff recruitment records we looked at showed that relevant checks had been carried out before staff worked unsupervised at the service.

People told that there were enough staff on duty. One person told us, "The staff always check on me." Care staff told us, "There are enough staff. We have some really busy days but nothing we can't handle." Another staff member told us, "Some staff aren't as quick as others and it can have an impact if everyone wants to go to bed at the same time. We don't go below our staffing number though, no." The housekeeper told us that there was not enough time each day to complete all of their allocated jobs so they had to prioritise the things that needed doing. Throughout our inspection we observed that there were sufficient care staff to meet people's needs but that some domestic jobs did not get completed as thoroughly as staff would have liked.

People told us that they received their medicines when they should. One person told us, "I get my medication in a little pot and I am trusted to take it." There were policies and procedures in place relating to the safe administration of medicines. We saw that competency checks were carried out on staff that administered medicines to ensure that they followed the policy and procedures.

We found that medicines were stored safely and at the correct temperatures. Eye drops and bottles of liquid

medicines were dated on opening, although people's prescribed creams were not always dated.

Where people required time medicines at a specific time these were clearly marked on their medication administration record (MAR) and staff had a good awareness of these. We found that where people had medicines prescribed on an as required basis there was not always clear guidance for staff to follow. Where people were prescribed variable doses of a medicine the actual amount of tablets given to a person was not always recorded. We discussed these issues with the manager who was told us that they would take action to rectify this.

Is the service effective?

Our findings

People told us that staff had the necessary skills and knowledge to meet their needs. Staff told us that they attended regular training sessions and that they were supported to gain knowledge to meet people's needs. One staff member told us, "There's always training and we get it refreshed. There are so many courses." Another staff member told us, "I'm doing the common health conditions training and that explains why people have certain meds and things and has helped me understand more about people here."

Staff told us they received induction training when starting their job role. This included learning about the provider's policies and procedures, training in how to use equipment, reading people's care plans and working alongside experienced staff. Staff training records showed that staff had received training in a number of subjects to enable them to understand and meet people's needs. These included a falls awareness workshop, health and safety training and moving and handling. A staff member told us, "I did a week of shadowing, we went through an induction checklist. I've had safeguarding and moving and handling training. I have found it useful as I haven't worked in care before." Staff members told us that they felt supported and received an annual appraisal. Records that we saw confirmed that staff received an annual appraisal.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Some staff had received training about MCA and DoLS although they had varied levels of understanding of the legislation. Care staff were unclear about capacity assessments or best interest's decisions and whether these were carried out in the service. Records showed that people had given consent to their care and treatment. Staff told us they sought consent before assisting people and we observed this to be the case. The management team knew the expectations upon them to carry out MCA assessments where they had a reasonable doubt that a person had capacity to make a specific decision related to their care. They were aware of the procedure to follow where they suspected a person's liberty could be deprived.

People told us that the food was nice and that they enjoyed eating it. One person told us, "I really like the food here." A relative told us, "The food here seems really good, I wouldn't mind having my meals here." We saw that regular drinks and snacks were provided to people throughout the day.

Menus for a four week period were in place that provided a varied and balanced diet. There were two

choices of main meal provided to people each day. The cook told us that if people did not want what was on the menu then they could have alternatives such as pie, pasty, nuggets, soup or sandwiches. People told us that they thought they'd be able to have something else although they were happy with the menu provided.

We received inconsistent information about people at the service that were on fortified diets. We were concerned that no staff were able to clarify who exactly had been receiving a fortified diet and there were no records available of this. One person had recently experienced weight loss. Their care plan had been updated and recommended a fortified diet with the milky drinks being provided for them. However, no staff appeared to be aware of this. Where people had fluid charts in place these were not always being monitored effectively and no recommended baseline fluid amount was recorded. This meant that staff did not have a recommended amount of fluid intake for the person to compare their daily intake to and identify if the person had received sufficient fluids during the day. We discussed this with the manager who advised that they would take action to resolve this.

One person told us, "They must have a very good relationship with the local GP and district nurse as they are here most days looking after someone." Another person told us how following the involvement of a physiotherapist in their care they'd been told to keep up the movement. We saw that the person was supported to walk through the day.

A visiting health professional told us, "Most of the time they are effective. They may need prompting with toileting." They went on to tell that a person's pressure sore was in the process of healing. Pressure sores are wounds that develop when constant pressure or friction on one area of the body damages the skin. They also told us, "They [the staff] don't hesitate to refer people to us if they need it."

Care records also confirmed that people received health care support from a range of health care professionals, which included doctors, nurses, physiotherapists and opticians. We also saw that where the service had identified a concern with a person's mobility an appropriate referral had been made.

Is the service caring?

Our findings

People told us that the staff were kind and caring. One person told us, "They [the staff] are very good." Another person told us, "I haven't been here very long but everyone is very nice to me and it feels like I am on holiday after living on my own for a while." A relative told us, "It is so good here. So relaxing with just the right amount of informality." They went on to tell us, "It is nice that not everybody is in uniform, otherwise it might have felt that [my relative] was back in hospital. But everyone that works here wears name badges, so you can always easily identify a member of staff." A visiting health professional told us that the staff were kind and caring.

We observed that staff knew the names of the people that used the service and spoke to them in a kind, considerate and encouraging way. We saw on one occasion a person was indecisive for a period of time and staff were gently consistent and respectful until the person reached a decision. Staff were knowledgeable about people's pasts, their food likes and dislikes and knew which drinks people preferred.

People told us that staff respected their privacy and dignity. One person told us, "I am not able to do things for myself, so you just have to get on with it. The Carers are good and will always cover me if they feel I might be embarrassed."

One staff member told us, "We close doors, stand outside and wait for people to use the toilet, put the label on the door when we're doing personal care, shut the curtains, and then open them again so people can see out, cover people with a towel when we're washing them." This showed us that staff had good understanding of the actions they could take to assist them to respect people's privacy and dignity while supporting them.

We saw that when staff supported people this was done with dignity and respect. For example, while they supported people to move with equipment staff continually explained what was happening and asked people if they were 'okay'. However we observed one occasion where a staff member was offering people a choice of meal during the morning time and the person said "I'm not sure I fancy either of those." The staff member simply repeated the options to the person a further two times in a louder voice. They did not offer any further explanation or offer any alternative options. They did not attempt to bend down to the person's level at all to communicate with the person.

People were able to choose where they spent their time either in a quieter smaller lounge at the service, in the main lounge area or having private time to themselves in their rooms. One person told us that they liked to spend time in their room. They told us, "Don't mind me. I am a bit of a loner and just lately I feel that I like my own company in the afternoon." They told us that staff regularly checked on them to ensure they were comfortable. Staff confirmed that they regularly checked on this person.

Relatives were able to visit without undue restrictions. A person using the service told us, "Visitors can come at any time." A relative told us, "We are allowed to come at any time to visit, but I know they do prefer it if this is not around mealtimes. I can understand that this might be disruptive." We saw relatives visiting

throughout the day of our inspection.

Is the service responsive?

Our findings

People using the service contributed to the assessments of their needs. We saw that people's needs were assessed and that care plans had been put in place to meet their needs. Care plans contained information about people's likes, dislikes and preferences and things that were important to them such as their religion.

One person told us, "I am Catholic and the priest comes every week to give me Holy Communion." Another person told us, "I do miss going to church, but we don't get offered that here. Instead the vicar comes to the home and chats to me about any concerns I have which is nice. The church are very supportive and some of the congregation come to visit me." This information was reflected within people's care plans and people felt that their needs were being met.

We found that care plans contained sufficient guidance for staff to know how to respond to and manage risks associated with people's needs. However where updates had been made these weren't always clearly visible as information had just been updated within the monthly evaluation and not the main care plan. There was no advice to staff about their responsibilities about catheter care for example around the changing and emptying the bag or about the expected output. Output was sometimes recorded on daily record forms but catheter bag changes were not. A staff member told us, "If it's blocked we try and clean it but sometimes the district nurse needs to do it. We empty the bag about three to four times a shift. We record the output on the sheets." Staff were not clear about why the output was being recorded or what this should be expected to be.

People told us that they were supported to undertake activities at the service. One person told us, "I am knitting a scarf for charity. The staff encourage me to do it and it helps my hands." Another person told us, "One of the carers used to be a hairdresser. She comes in on her day off and does our hair." They went on to tell us, "We have to pay her, but it looks lovely afterwards and makes you feel better, so that is all that matters." A relative told us, "When I explained to the staff that [my relative] liked playing [a board game], they suggested that we bring in the board from home so that [our relative] could find someone else to play a game with. We are also going to bring in some jigsaws and board games to see if this encourages others."

People were happy with the activities available. We saw that there was an activities plan in place and an activity took place every day. These also included social events such as an entertainer which people told us they enjoyed. There was an activities coordinator employed by the service for two days a week who was also trained in complementary therapies, such as massage and head massage. She had been asked to incorporate it into her work at the service. During our inspection we saw her administering these therapies to two people who used the service who both looked like they thoroughly enjoyed it. However people did tell us that they had been looking forward to a canal trip which was supposed to have taken place in September but was cancelled due to unforeseen staffing issues. We discussed this with the manager who advised that it would be rescheduled in the warmer weather.

People were not always confident about who they would tell if they were not happy about something or assured if anything would be done. One person told us, "No, I don't know how, but I wouldn't like to

complain and get someone into trouble." Another person told us, "I have made a complaint or put in a request in the past and nothing was done about it, so what is the point." We saw that three people had made requests during a meeting with people that used the service and two people told us that these actions were still outstanding. Although their request had not been fulfilled one of the people told us, "I give the place 10/10 though. Nobody prepares you for how it will be when you get very old, it's no joke and I am sure there are much worse places I could be." During the last meeting held with people that used the service no concerns were raised.

A relative told us, "I always feel welcome when I come here and if there is anything I need to know, there is an open door policy in the office. If the person I speak to cannot give me an update, then there is always someone who can. I appreciate that [my relative] is in safe hands. It is a weight off my mind."

The service had not received any formal complaints within the last 12 months. We saw the provider ensured people had access to the complaints policy and procedure. It was on display in a communal area of the service and available and provided to people when they first started to use the service. This included details of how the complaint would be investigated and timescales within which people could expect a response. It also contained information about where people could refer their complaints too if they were not satisfied with the providers response.

Is the service well-led?

Our findings

At our previous two inspections we had identified concerns relating to the safety and suitability of the environment. The provider had sent us an action plan to address the concerns and told us that refurbishment and redecoration was ongoing at the service. However, during this inspection we also identified concerns relating to the upkeep and maintenance of the environment. We were concerned that people's welfare and safety were being put at risk because of the issues we found. The provider had failed to act on feedback and ensure that the premises were maintained appropriately to ensure people's safety and welfare.

The provider had quality assurance and governance systems in place but these were not effectively monitoring the quality and safety of the service. The concerns relating to the general environment had not been identified by audits that were in place. Areas relating to the building and premises continued to present a risk to people that used the service.

There were two radiators in communal areas that were accessible to people that used the service which did not have any form of hot surface protection on them. The provider was aware that the hot radiator surfaces posed a risk to people that used the service. They had assessed the risk of burns to people from the radiators and taken action to reduce the risk by putting hot surface protection in place. However this had not been put in place on two radiators and therefore these radiators continued to pose a risk to people. The provider had failed to mitigate the risk to people's health and safety. Audits that were carried out by the provider had failed to identify this risk.

We saw from records that three people had asked for improvements to the service to be made. We spoke with two of these people who advised us that the changes that they had requested had not taken place. These were in relation to the food menu and the way that one of their breakfasts was prepared. When talking about the request they had made one person told us, "Hmmm that never happened." The provider had failed to act on feedback from people about the service.

These issues constituted a breach of Regulation 17 (1) (2) (a), (b) & (e): Good Governance. Health and Social Care Act 2008 (regulated activities) Regulations 2014 (Part 3).

At the time of our inspection the registered manager had been off work for a period of time. The provider had arranged for management cover to be provided and people and staff were happy with the arrangements in place. One person told us, "I know the manager has been off for some time, but to be honest, the team have pulled together and I don't think it has been too detrimental." Another person told us, "I don't know who the manager is. Is there one? I certainly haven't seen her, but then there are plenty of other staff to help us, so perhaps it doesn't matter?"

It is a requirement of the Care Quality Commission (Registration) Regulations 2009 Regulation 18 to report any incidents that result in a change to the structure of a service user's body. However there had been two accidents at the service where people had sustained fractured bones. These had not been notified to the

Care Quality Commission. We discussed this with the manager who advised us that would ensure that all appropriate notifications would be made in the future.

Staff told us that they felt valued and enjoyed working at service. One staff member told us, "I really like coming to work. It's a home from home and all the [people that use the service], well nearly all of them [the people that use the service], are so sweet and so appreciative of what you do for them, it's a pleasure to look after them." They went on to tell us, "We are a close knit team and we all just get on with it."

A visiting health professional told us, "The management are very approachable." We spoke with staff about the management team at the service. Staff were very complementary about them. A staff member told us, "Very good. Very approachable and nice. They do listen." 'Brilliant. They listen and always ask if everything's ok. They're always there and approachable.'

Staff at the service shared the same vision and values which was consistent with the provider's statement of purpose. The provider and the management team kept their knowledge about health and social care up to date and knew how to access support from external health and social care professionals and organisations.

People that used the service participated in quality assurance questionnaires sent out to them by the service. This covered the catering and food, personal support, daily living, the premises and the management. We saw that the feedback about the service overall was positive however there was some areas identified where people weren't quite so satisfied as others. These included the choice of foods available, general maintenance at the service and the way that repairs were carried out

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 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>Risks to people's health safety and welfare had not always been assessed. Action had not always been taken to mitigate risks to people at the service. The provider had not ensured that the premises and equipment used by people at the service was safe and properly maintained.</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 provider had failed to act on feedback and ensure that the premises were maintained appropriately to ensure people's safety and welfare. Concerns relating to the general environment had not been identified by audits that were in place. Areas relating to the building and premises continued to present a risk to people that used the service. The provider had failed to mitigate risks to people's health and safety. Audits that were carried out by the provider had failed to identify this risk.</p>