

Keelex 176 Limited

Breage House

Inspection report

Breage House
Breage
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Cornwall
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Date of inspection visit:
09 June 2017

Date of publication:
14 September 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Breage House on the 9 June 2017, the inspection was unannounced. Breage House is one of a number of services in Cornwall which are run by the provider, Keelex 176 Limited. Breage House provides accommodation for up to 16 people who have a learning disability. At the time of the inspection 12 people were living at the service.

At the last inspection, in September 2016, the service was rated Good. At this inspection we identified two breaches of regulation and therefore the service is now rated as Requires Improvement.

This inspection was brought forward as we had received four anonymous concerns about the service. The concerns were in relation to how some staff approached some of the people they supported, and the staff team dynamics. We discussed these areas of concerns with the registered manager, and also spoke with staff members prior to, during and following the inspection.

It is acknowledged that the registered manager had only worked at the service for a few months and was getting to know the people, staff and service. Therefore some staff said they were not sure if they could approach the manager with concerns as their working relationship was developing. This had led to the commission receiving concerns about the service directly.

Eight out of nine care staff that we spoke with during this inspection process, told us relationships between certain members of the staff team were strained. Staff expressed concerns that there were "divides" between the staff team and were fearful that this could impact on the care provided to the people they supported. Staff had lacked confidence in the service's management but were hopeful that the appointment of the new registered manager would address these concerns. However, as yet they did not yet feel sufficiently confident to raise concerns directly with the new registered manager. They also hoped that the registered manager would provide a consistent management response to all staff. They felt this would then address the tensions between staff and that all would be treated fairly and be listened too. Staff were concerned about the quality of food provided, its nutritional value and presentation. We observed at lunchtime that some people were given blended cheese on toast which had been made with brown bread. The presentation of this meal looked unappetising and one person queried the food until a staff member intervened, explained what it was and tasted it them self. The person was then encouraged to eat it. The cook was aware that the presentation of blended meals was unappetising. Due to this the registered manager had purchased some food moulds, which arrived during the inspection, so that this could be addressed.

A cook had recently been employed at the service but had not been provided with appropriate training or guidance on how to prepare food for people's specific dietary needs. This meant that the meals were not presented in a manner that the person could choose or manage.

We reviewed the service's menu for the week of our inspection and found that none of the meals were home

cooked. The options available were unlikely to provide people with a balanced diet and lacked fresh fruit and vegetables.

We reviewed the kitchen documentation. Documents showed that kitchen had not been regularly cleaned in accordance with the cleaning schedule. The failure to ensure the cleanliness of food preparation areas exposed people to significant risks in relation to cross contamination and infection control.

People's weight was not able to be monitored as the weighing scales had been moved to another care service. Therefore staff were unable to monitor people's weight which could highlight potential changes to a person's health and well-being. The registered manager and deputy manager acknowledged that weighing scales needed to be available at the service to ensure an overview of people's dietary needs occurs.

We received concerns prior to the inspection about care practice that the staff had witnessed. This was investigated by the provider with the involvement of the safeguarding team and action had been taken to address the concerns raised.

People were supported to have choice and control of their lives. Where people did not have the capacity to make certain decisions, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The manager had identified that bespoke training packages for individuals who may express behaviour in ways that challenge staff would be sought to ensure that people are cared for in the least restrictive way possible. This would be done in liaison with all relevant parties involved in the person's care.

We observed people had good relationships with staff and staff interacted with people in a kind and respectful manner. The staff team had developed caring and supportive relationships with people using the service. Relative's comments about staff included, "Staff are so kind and helpful." and "[Person's name] likes to come home but also likes to go back to Breage, as they are happy there as much as at home." People were supported to maintain contact with friends and family and had the opportunity to be involved in decisions about their care and the running of the service.

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge.

Staff were supported through a system of induction and training. Staff told us the training was thorough and gave them confidence to carry out their role effectively. New employees undertook a rigorous induction programme and told us this was beneficial and prepared them well for their roles. A newly recruited member of staff told us, "I am new to care and the induction and training has been good."

Care and support was provided by a consistent staff team, who knew people well and understood their needs. People were supported to access the local community and take part in a range of activities of their choice. Staff supported people individually and in groups to attend activities of their choosing.

Care records were up to date, had been reviewed, and accurately reflected people's care and support needs. People had dedicated key workers who were responsible for updating care plans and leading on supporting people. These were chosen according to their experience and relationship with the person concerned. People, who received care, or their advocates, were involved in decisions about their support and consented to the care provided. Risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. Staff supported people to arrange and attend appointments to see their GP and other necessary healthcare appointments.

People and their families were given information about how to complain. Relatives told us they had no hesitation in raising any issues of concerns and were confident they would be listened too and appropriate action would be taken.

There were quality assurance systems in place. The majority of these were effective, for example in the areas of care planning, medicines and the environment. However some auditing process were not robust, as they had failed to identify the significant issues identified during the inspection in relation to food quality and the cleaning of the kitchen.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff were confident they could keep people safe whilst supporting them to take day to day risks.

Staff had received safeguarding training and were confident about reporting any concerns.

Staffing levels met the present care needs of the people that lived at the service.

Is the service effective?

Requires Improvement ●

The service was not effective.

Meals were not always presented to be people in an appetising manner. Kitchen staff did not understand how to prepare meals for people with specific dietary needs and the kitchen had not been regularly cleaned.

Staff were well supported through a system of regular supervision and training. This meant people were cared for by staff with up to date information and knowledge.

The service met the requirements of Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected

People were supported to access a range of health services as necessary which meant their day to day health needs were met.

Is the service caring?

Good ●

The service was caring. Staff spoke about people fondly and demonstrated a good knowledge of people's needs.

People's privacy and dignity was respected.

The managers and staff valued family relationships and helped ensure they were sustained

Is the service responsive?

Good ●

Care plans were reviewed to ensure that they reflected the current care needs of people fully.

People had access to a range of meaningful activities.

There was a satisfactory complaints procedure in place

Is the service well-led?

The service was not completely well-led.

There were divisions within the team and staff reported they did not feel confident raising issues with senior members of staff.

There was a system of quality assurance checks in place. The majority of these were effective. However some auditing process had failed to identify the significant issues identified during this inspection.

People and their relatives were regularly consulted about how the service was run

Requires Improvement 

Breage House

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 checked 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 9 June 2017 and was unannounced. The inspection was carried out by one inspector. Before visiting the service we 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.

Due to people's health care needs we were not able to verbally communicate with everyone who lived at the service, in order to find out their experience of the care and support they received. We spoke to two people and observed staff interactions with people. We spoke with the registered manager, deputy manager, nine care support staff and the cook. We also spoke to three relatives to hear their views of the service.

In addition, we looked at two people's care records, staff training records, recruitment records and other records associated with the management of the service including quality audits.

Is the service safe?

Our findings

Relatives told us they believed their family members were safe living at Breage House. On the day of the inspection visit we saw people moved around the building freely and were comfortable in their surroundings. People were relaxed and at ease in staff's company. When people needed support they turned to staff for assistance without hesitation.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. The service had a safeguarding policy and records showed all staff were up to date with their safeguarding training. Staff were confident they knew how to recognise signs of abuse. Prior to this inspection some staff member had reported to us, and one staff member to the registered manager, their concerns about care practice they had witnessed. This was then investigated by the provider with the involvement of the safeguarding team and the commission. This showed that staff were confident to raise issues of care practise to ensure that people were being cared for safely.

Some people could become anxious or distressed which could lead to them presenting behaviour which could challenge others. Staff were made aware through the person's care plan, how to recognise signs that could make a person anxious and take steps to avoid them becoming distressed. The registered manager acknowledged that bespoke training packages would be arranged in the future to ensure that all staff were clear in how they should support a person consistently when specific challenging behaviours were displayed. This would then ensure staff would be able to support people effectively when they became distressed.

Some people living at the service managed their own money with support from the registered manager. Advocates were appointed for some people and appropriate arrangements had been put in place to formalise this. The service held small amounts of money for people so that they were able to make purchases for personal items and pay for outings. The registered manager had recently reviewed the process in how people's money was stored securely and was in the midst of reviewing the policy and procedures in this area of care. This would then ensure that people's monies were effectively monitored and kept secure.

Care records included risk assessments which provided staff with clear guidance and direction on how people should be supported in relation to each specific identified risk. People were supported to understand the risks in their daily living and agree ways of minimising risks without comprising their independence. For example, we saw assessments had been completed regarding one person's activities.

People living at Breage House had a risk assessment completed about how they would respond to a fire alarm and what support they would need to ensure they left the building safely. Risk assessments were regularly reviewed and offered clear guidance for care staff on how to minimise identified risks. This demonstrated that the service protected people from risk whilst supporting them to lead full lives.

Incidents and accidents were recorded and appropriate action had been taken to manage areas of increased risk. We saw documentation which evidenced that incidents were recorded and investigated appropriately. Any learning from these incidents were relayed to staff and other interested parties in the persons care, such as health professionals and family members. This meant that future reoccurrence of risks to a person's safety and wellbeing would be minimised.

People were cared for by suitable staff because the provider followed robust recruitment procedures. Disclosure and Barring service and reference checks had been completed before staff were appointed to positions within the service.

Staff and relatives told us they felt there were sufficient staffing levels on duty at all times. The numbers of staff were determined by the needs of each individual person for that day. For example, if people were to attend activities outside of the service then more staff would be on duty to facilitate the activities. Staff told us that staff levels were recently increased when a person's health needs had changed so that they had more support available to them. We saw staff were able to spend time chatting with people about their day as well as attending to people's personal care needs. The support was unrushed.

Medicines were managed safely. Training records confirmed staff had attended, or were booked to attend medicines training. In discussion with staff we found them to be knowledgeable about the medicine that needed to be administered. Medicines had been checked on receipt into the service, given as prescribed and stored and disposed of correctly. Medicines Administration Record (MAR) charts were fully completed and appropriate medication audits had been conducted. There was clear guidance for staff when administering 'as required' medicines (PRN). For example, we saw descriptions of the signs and symptoms the person may display that may require these medicines to be administered. There was guidance on how to administer the medicines, and who to inform. This meant there was clear guidance to help ensure a consistent approach from the staff team

Is the service effective?

Our findings

Seven out of nine care staff raised with us concerns about the quality of food provided at Breage house. A cook was employed at the service who prepared the majority of the meals. Staff told us they had concerns about how the food was prepared, for example alleging that chicken and mince were boiled. As well as concerns about how it was presented and its nutritional value. Staff told us that on occasions there was insufficient food in the service and that they had brought in vegetables as the service had none. Two relatives raised no concerns about the service but stated their family members did not have any specific dietary needs.

We observed at lunchtime that some people were given blended cheese on toast which had been made with brown bread. The presentation of this meal looked unappetising and one person queried the food until a staff member intervened, explained what it was and tasted it them self. The person was then encouraged to eat it. The registered manager was aware that the presentation of blended meals was unappetising and had purchased some food moulds, which arrived during the inspection, so that this could be addressed.

We spoke with the cook who told us they commenced work three months previously. During their induction the cook told us they completed a food and hygiene course, Nutrition and hydration and Dysphasia training . They were going to shadow a cook in one of the providers other care setting so that they could gain further knowledge and experience but this had not yet occurred. The cook did not have a good understanding of how to prepare meals for people with specific dietary needs. The cook told us two people needed a 'soft diet' and said they were worried about providing food "with lumps in it" and therefore blended meals, as it reduced the potential for choking. This meant people were not being appropriately supported to eat as independently as possible and food produced was unappetising.

We observed the kitchen to be clean. However the kitchen documentation was not able to evidence that it was being cleaned on a weekly basis. This meant that the kitchen premises were not cleaned at regular intervals to ensure that the standards of cleanliness were in place to prevent cross containment of foods and infection risks.

People's weight was not able to be monitored as the weighing scales had been moved to another care service. Therefore the staff were unable to monitor people's weight which could highlight potential changes to a person's health and well-being. The registered manager and deputy manager acknowledged that weighing scales needed to be available at the service to ensure an overview of peoples dietary needs occurs.

We discussed the concerns around the quality and presentation of food with the registered manager. They were aware of the issues and had put in place some measures to try and address this. For example, the purchase of food moulds to improve the appearance of blended meals and arranged for the cook to shadow experienced cooking staff in another location. In addition, they had now arranged for two shopping purchases a week so that food did not 'run out'. However, the quality of food provided was unacceptable and combined with the lack of regular kitchen cleaning and failure to monitor people weight meant people were exposed to unnecessary risks.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People were supported by a staff team that were trained and had a good understanding of people's needs and wishes. Staff spoke knowledgeably about the people living at the service and knew how to meet each individual's needs. People had allocated key workers who worked closely with them to help ensure they received consistent care and support.

When new staff were employed by the service they completed a full induction programme which included two weeks at the provider's head office and then two weeks shadowing experienced staff and getting to know the people living at the service. The induction was in line with the care certificate which gives care staff, who are new to working in care, an understanding of good working practices. A newly recruited member of staff told us, "I am new to care and the induction and training has been good."

Regular one-to-one supervision was now being provided by the registered manager to the deputy manager and senior care workers. They in turn were going to provide supervision to care staff. This gave staff the opportunity to discuss working practices and identify any training or support needs.

Training identified as necessary for the service was updated regularly. Staff told us the training was comprehensive. Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. The training records for the service showed staff received regular training in areas essential to the service such as fire safety, infection control and moving and handling. Further training in areas specific to the needs of the people using the service was provided. For example end of life training was provided when the service was supporting a terminally ill person at Breage House. This showed staff had the training and support they required to help ensure they were able to meet people's current needs.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Care records detailed whether or not people had the capacity to make specific decisions about their care. Records showed where decisions had been made, on a person's behalf, this had been done in their best interest at a meeting involving key professionals and their family. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. People's care plans contained details regarding other health professionals and their contact details as well as easy read, health action plans which outlined what support people needed in an

accessible format. Staff supported people to arrange and attend appointments to see their GP and other necessary healthcare appointments. Relatives told us they were made aware of their family member's medical appointments and were encouraged to attend appointments if they wished.

Is the service caring?

Our findings

There was a relaxed, calm and friendly atmosphere at the service. We observed people had good relationships with staff and staff interacted with people in a kind and respectful manner. The staff team had developed caring and supportive relationships with people using the service. Relative's comments about staff included, "Staff are so kind and helpful" and "[Person's name] likes to come home but also likes to go back to Breage, as they are happy there as much as at home."

Relatives felt that staff had developed a positive relationship with their family members but also with them. Relatives were highly complementary about the availability of staff to answer any questions they may have, and that they would be able to answer their queries as they knew the people they supported so well.

People were supported to maintain contact with friends and family. Staff helped people to arrange visits home to their families and regular telephone calls. Relatives told us they had regular contact with people, were always made welcome in the service and were able to visit at any time. People and their families had the opportunity to be involved in decisions about their care and the running of the service.

Staff were committed to providing the best and most suitable support for people. They did not rush people, were focused on the person they were supporting and spent time on an individual basis with people. Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering and addressed people by their preferred name. Staff told us they had opportunity to have one to one time with people. A member of staff told us they would often sit and chat with people. We saw this occur throughout our visit and this was recorded in care notes. This demonstrated that staff took time to listen to people.

People's care plans recorded their choices and preferred routines for assistance with their personal care and daily living. Staff encouraged people to make decisions about their daily routines and we observed that people had the confidence to make their own choices. People moved freely around the premises choosing to spend time in the lounge, dining room or their own room.

Staff talked about the people they cared for fondly. Comments included; "I love my job." The staff team were also mindful that this was their place of work and that they were working in the residents home and needed therefore to respect this.

People's care plans showed that people's preferred communication skills were identified and respected. For example, some people responded verbally and others also used picture symbols as a visual tool to assist them in understanding what activity they would undertake next. We saw pictures and photographs were used to help people make choices and supplement information, for example within care documentation. Staff were aware that each person had their own way of expressing their views and were able to communicate with them in their preferred manner. This showed that the service shared information with people in a meaningful way.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff had been provided with detailed information about each person's individual needs. Staff spoke knowledgeably about how people liked to be supported and what was important to them. The registered manager and staff told us about people's backgrounds, described the progress they had made and the pride they took in their achievements. This enabled staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them.

We looked at two people's care records. The manager said they were reviewing the care planning documentation to ensure it was accessible for the person they supported. Currently records at the service were more in a written rather than pictorial format but staff were aware and trying to amend this. For example, food charts were now pictorial. Written care records were up to date, had been regularly reviewed and accurately reflected people's care and support needs. Details of how people wished to be supported with their care needs were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support.

Each person was allocated a key worker, who supported people to organise their daily living and update their care plan. At monthly care plan reviews people were encouraged to set goals and objectives. These goals and objectives were discussed with the person at each review to decide if these had been met, needed to be reviewed or were still in process. Examples of the goals people wanted to achieve were how a person wanted to be supported to have contact with their family.

People were able to take part in activities of their choice and staff supported people to access the local community. The service had access to vehicles to use when supporting people to attend appointments or go out on activities. Each person had activities they took part in every week and these included going out to places of their choosing. On the day of the inspection we saw some people went out with staff to their planned activities. For example, people went out to do a personal shop and have lunch. We saw people socialising with other people and staff in the lounge area.

When a new shift started there was a verbal handover of care information and daily logs of people's activity were completed throughout the day. These recorded any changes in people's needs as well as information regarding activities and people's emotional well-being. Daily logs were audited monthly to identify any emerging themes. A communication book was also used to record any general information which needed to be shared amongst the staff team.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. An easy read version was also available for people which used written and pictorial symbols so that it was presented in a more meaningful way. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished. Relatives told us

they would have no hesitation to speak to the deputy manager if they had any concerns.

Is the service well-led?

Our findings

Prior to the inspection we had received four anonymous concerns about how some staff approached some people they supported. One of these concerns had been raised directly with the newly appointed registered manager. We contacted the registered manager to inform them of the other concerns we had received. They then ensured that an investigation looked into these matters via their disciplinary procedure and took relevant action with the staff concerned.

It is of concern that the staff team did not feel able to approach the registered manager, deputy manager or provider directly to voice their concerns. When we asked why this was the case seven out of eight care staff that we spoke during and following the inspection, told us relationships between certain members of the staff team could be fractious. Staff expressed concerns that there were "divides" between the staff team and were fearful that this could impact on the care provided to the people they supported. Staff said they hoped that with the appointment of the new registered manager that as they got to know her they would be able to approach her directly. They also hoped that the registered manager would provide a consistent management response to all staff. They felt this would then address the tensions between staff and that all would be treated fairly and be listened too.

The staff team meeting minutes in April 2017 evidenced that staff morale was discussed and that concern was raised as to how the team worked together. Staff shared with us that they felt unable to approach some of the senior members of the team, due to the close knit friendships they had with particular colleagues. Others raised concerns about how there was a lack of consistency in managers approach to staff, in what they expected from staff and the response from managers to staff. This was discussed with the registered manager who stated she was aware that staff morale and how the staff team work together needed to be addressed.

The last staff team meeting occurred in April 2017 which meant staff had been unable to discuss their concerns further. In addition we were told that the last seniors meeting occurred in February 2017. A further staff meeting and senior meeting were arranged to be held in the next two weeks. Whilst a communication book had been introduced, which was viewed positively, the lack of meetings for senior staff was viewed as an omission by staff and meant that opportunities to discuss and review working practices were missed. There had been two relatives meetings since our last inspection. Residents meetings do not occur as we were told people would find it difficult to meet as a group. Therefore, people were asked individually for their feedback. The registered manager told us that the first governance meeting occurred the day before the inspection so that they could look at the systems in the organisations.

We concluded there was a lack of confidence in the management of the service. The majority of staff we spoke with during the inspection told us they were unwilling to raise concerns regarding the team dynamics as they were concerned by the response they would receive if they raised any issues. It is important that staff, are supported to raise concerns about the quality of the service in an open and transparent manner to enable the provider to work to improve and develop the service.

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

The registered manager commenced their post in April 2017. They were responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

The registered manager shared responsibility with another care service and divided their time equally between the two care services. The deputy manager worked in the service every day providing care and supporting staff. The deputy manager and senior carers were accessible to staff at all times which included one of them always being available on call to support the service. Staff said they believed the managers were aware of what went on at the service on a day to day basis in respect of the people they supported.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who had overall responsibility for the service, was supported by a deputy manager and senior carers. The manager was supported by senior managers at the provider's at head office, who runs several care services.

The senior support workers work on opposite shift patterns so that there was always a senior present in the service. One of their responsibilities was to organise the shift plan for the day to ensure that people's care needs, and the daily tasks in the service such as preparing meals, fire tests etc. were allocated to staff members and completed. We saw the shift plan and noted that these were completed daily and any actions that needed to be followed up were handed over to the next shift. This meant that there were clearly defined expectations for staff to ensure that they meet the needs of the service during their shift.

There was a clear ethos at the service which was communicated to all staff in how people living at Breage house were to be supported. It was important to all the staff and management at the service that people who lived there were supported to be as independent as possible and live their life as they chose. We saw this being carried out in the delivery of care that was personalised and specific to each individual.

There were quality assurance systems in place. The majority of these were effective, for example in the areas of care planning, medicines and the environment. However some auditing processes were not robust, as they had failed to identify the significant issues identified during the inspection in relation to food quality and the cleaning of the kitchen.

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	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs Food was not always presented in a appetising manner. There was a lack of understanding in how to accommodate for peoples specific dietary needs. The kitchen premises were not cleaned at regular intervals to ensure that the standards of cleanliness were in place to prevent cross containment of foods and infection risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of confidence in the management of the service. It is important that staff, are supported to raise concerns about the quality of the service in an open and transparent manner to enable the provider to work to improve and develop the service.