

Rainbow Homes (London) Limited

Rainbow Homes London Limited

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Inadequate



Is the service responsive?

Inadequate



Is the service well-led?

Inadequate



Overall summary

This unannounced inspection took place on 10 December 2014. Rainbow Homes London Ltd provides accommodation and support with personal care for people who have mental health needs. There were four people living at the home when we visited. They shared a house and each person had their own bedroom with ensuite bathroom with a shared kitchen, lounge and garden.

After inspections in January and April 2014 we asked the provider to take action to make improvements to

cleanliness and infection control, nutrition, safety and suitability of the premises and how the quality of the service was monitored. Following those inspections the provider sent us an action plan on 4 August 2014 to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made and found they had not all been completed.

At the time of our inspection on 10 December 2014 the service did not have a registered manager in place, however the provider appointed a new manager

Summary of findings

in August 2014 who had submitted an application to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider

People told us they were happy at the service. However, our own observations and the records we looked at did not always match the positive descriptions that some people had given us.

Feedback about the service from health and social care professionals was mostly negative. They had concerns that staff did not always have the skills to look after people's changing needs.

Staff we spoke with did not always know how to support people they were caring for, we saw that staff were not up to date with training and were not supported by the manager and the provider to allow them to better understand and meet people's needs.

Although staff understood what abuse was they did not understand who they should contact outside the organisation to report concerns.

Recruitment records we reviewed of all five staff were inadequate. Although the provider had systems in place

these were not always followed. Therefore, staff who were employed may not be fit to work with people. Staff were not supported by the provider and were not up to date with important training.

People were not always supported to keep good health and have access to health care professionals. We saw people who were at risk of malnutrition were not always supported effectively by staff.

The provider had a complaints procedure in place but we were unable to review this when we visited as the documents had been misplaced. However, people we spoke with told us they knew how to complain and staff told us they would support them to do so.

Systems were not in place for monitoring quality at the service. During the inspection the manager was unable to provide documents demonstrating that monitoring had taken place and told us these had been destroyed or were missing. Documents that were available to view were often not fully completed and updated.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of this inspection, we served a notice proposing to cancel the registration of the provider. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe. Recruitment processes at the service were inadequate and staff were employed without suitable checks being undertaken to ensure they were safe to work with people who need support.

Although staff knew how to recognise the signs of abuse they did not understand who this should be reported to outside the organisation.

People's medicines were not stored correctly. Staff who dispensed medicine did not have the skills to do this safely and people were at risk of receiving the wrong medicines.

Inadequate



Is the service effective?

The service was not effective. People were not always supported to maintain good health and address their health concerns.

People were at risk of malnutrition as the service did not have procedures in place to monitor people's nutrition. People were not always supported to maintain a balanced diet.

Staff had not received adequate supervision, appraisals and training. Therefore people were at risk of receiving care that was inappropriate due to lack of support and training. The provider had not ensured that staff had the knowledge and understanding of the Mental Capacity Act 2005.

Inadequate



Is the service caring?

The service was not caring. We observed some negative, disrespectful interactions between staff and people who use the service.

Although feedback from people was positive, staff did not always have the skills to communicate with people with different needs.

Inadequate



Is the service responsive?

The service was not responsive. Although the home had a complaints procedure, we were unable to review any complaints that had been received by the service as the complaints book was missing. People we spoke with knew how to complain.

Although the provider had sought feedback from people about the quality of the food, the way this feedback had been obtained may not have allowed people to respond honestly.

Inadequate



Is the service well-led?

The service was not well-led. People were put at risk because systems for monitoring quality were not effective.

The manager was unable to find important documents during the inspection as he told us these had been either destroyed or were missing.

We found that records that were available were not accurate or up-to-date.

Inadequate



Rainbow Homes London Limited

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 10 December 2014 and was unannounced. The team included an inspector and a specialist advisor who specialised in food and diet of people with mental health needs.

Before the inspection we reviewed information we held about the service. We also received information from

professionals who had visited the home. During the inspection we spent time observing the care and support provided to three people in the communal living area of the service. This included using the short observational framework for inspections (SOFI) which is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We interviewed three staff and three people who used the service. We reviewed all four people's care records that lived at the service and looked at records related to staff employment, training and support, and the running of the service.

After the inspection we spoke with commissioners and the GPs who supported people at the service.

Is the service safe?

Our findings

People we spoke with told us the service was safe. Comments included “I feel safe” and “it’s safer than it was”. However, professionals we spoke with did not believe the service was safe. One professional told us, “I cannot be confident that people are receiving the care they need or that important recordings are accurate.”

People we spoke with told us the front door to the home was no longer locked and that they were free to leave at any time, although they told us staff would encourage them to stay if it was late at night. We reviewed all four people’s risk assessments and saw they had not always identified people’s individual risks or recorded when risks associated with people’s support had changed. Staff did not have the most up to date information. Staff we spoke with did not fully understand what people’s individual risks were and how to manage these.

We reviewed weight charts and saw one person was visibly underweight and the manager acknowledged that he was aware of this. However, although this person’s records included a monthly weight chart, the Body Mass Index (BMI) had been wrongly calculated on every occasion. This person’s appearance clearly indicated that their weight was not within the healthy range. We could see no evidence that staff had observed the error or contacted the GP with concerns of weight loss or malnutrition. Ongoing undernutrition of this person would have increased their risk of developing infections, delayed recovery and impacted upon their mood and cognition and undermined their rehabilitation potential. When we spoke with this person they complained of feeling cold and tired all the time, which may be an indication of poor nutrition. We asked the staff and the person’s care coordinator to arrange a GP appointment as a matter of urgency.

This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the weighing equipment at the home and saw they had several sets of stand on scales. The manager told us they were uncertain if the set of scales most commonly used was accurate. Although a new set of digital scales had reportedly been purchased in August 2014 it was not used for all the people at the home. Records we reviewed

showed a significant drop in the weight of one person who was at high risk of weight loss and required to be monitored daily by the staff. The manager told us he assumed the discrepancy was wholly due to the scales. We saw there had been no attempt to calibrate, reweigh or check any of the other people’s previous weights and they continued to be weighed on the old set of unreliable scales. As a result the weights recorded could not be considered reliable or accurate. This increased the risk of nutritional deterioration remaining undetected.

This was in breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the recruitment records of all five staff at the service. We saw that Disclosure and Barring Service checks (DBS) were not always obtained by the provider before staff started work. One staff member used a check dated April 2012, this staff member did not start work at Rainbow Homes until September 2013 and had not registered with the DBS Update Service. Another staff member used a DBS dated April 2012 which had been obtained while they were working for another service and was not current at the time of their employment with Rainbow. Therefore, the provider could not be assured that workers were suitable for their roles.

Some references had been obtained for staff but there was no evidence these had been verified by the manager to ensure they came from the company or individual stated. One staff file had no references. Therefore, the provider and manager could not be assured that staff employed were of good character and had the qualifications, skill and experience for the job.

This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with confirmed they received their medicines from the staff at the home. They were unable to say what their medicine was for. One person said, “It helps me.” Another said, “They keep giving me the white tablets and I do not like them.” We checked to see what tablets this

Is the service safe?

person was receiving and to see if staff had recorded and contacted the mental health team or the GP to discuss this person's concern. We could find no evidence that either had occurred.

The home did not record the temperature of the room or the cabinet where people's medicines were kept. The manager told us this was because the thermometer had broken. Therefore, people may have received medicines that were no longer effective due to being stored at temperatures outside those recommended by the manufacturer.

Staff we spoke with did not know the medicines they dispensed to people or possible side effects. The home had a reference book that staff could access if they did not know what medicines people had been prescribed, however staff were unaware where this book was or how to use it. We observed one staff member dispensing medicine without referring to the person's medicine administration record chart (MAR). We spoke with the staff member who said she would normally use the MAR. When we reviewed the 'safe handling of medicines policy and procedure' we saw that this stated "staff should check that the MAR chart and pharmacy label match before dispensing". Therefore this staff member did not follow the provider's own policy. The manager told us he had recently observed all staff dispensing medicine and believed they were all competent. We asked to see records of these observations, however he was unable to provide these for us.

MAR charts that we reviewed showed that one person had refused one of their medicines for 13 days. The staff told us this was ongoing. However, there was no evidence that the person's GP had been informed of the refusal of these medicines, leaving the person at risk of not receiving essential medicines for their health.

The home had systems in place for receiving and returning medicines. Staff we spoke with did not always understand these systems as they told us one staff member was responsible for obtaining and returning medicines. Therefore, although the home had systems in place these were not always effective as not all staff understood them.

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not aware of their role in safeguarding adults from abuse. Staff training records showed that only two of the five staff had undertaken any training relating to safeguarding adults. Staff demonstrated they were aware of the signs of abuse, however they could not tell us how they would safeguard people or to whom they would report concerns outside of the organisation.

This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we last visited the home in January and April 2014 we saw that the home was dirty. The provider did not have systems in place to ensure staff were aware how to clean effectively. During this inspection, we saw that cleaning now occurred on a regular basis in the communal areas of the home and people's bedrooms. People told us that staff were now cleaning. One person said, "The staff clean my room now." Another person said, "Staff clean my room I sit and watch." We saw that new floor coverings had been installed in the bedrooms and the main hall, to see if this helped improve the foul smell. The smell was no longer overpowering as it had been during our previous inspections, however it was still present. We saw that the provider and manager had implemented a cleaning schedule and staff we spoke with were aware of their role in keeping the home clean.

At our inspection on 27 January 2014 we saw that the provider had not ensured that people were protected from the risk of unsafe or unsuitable premises as the provider did not have an effective system in place to record and monitor repairs.

At this inspection we saw that the provider had ensured that all repairs had been completed. Two people allowed us entry to their rooms and they told us they were now able to control the temperature of their bedrooms. They had new curtains and bathrooms had been repaired. One person said, "My room is much better now, I can open the curtains and see out the window and its warmer." The manager told us he had access to a maintenance department and that staff were aware they should record all repairs and notify him. Staff we spoke with were aware

Is the service safe?

of their role in reporting repairs to ensure that repairs are quickly resolved. However, when we asked to review the maintenance record staff and the manager were unable to locate the file.

Is the service effective?

Our findings

At our previous inspections on 27 January and 30 April 2014 we saw that the provider did not ensure that people received a healthy and varied diet. Food was not always available for people and staff did not always know to cook the food correctly. We saw that food at the home was not stored safely.

At this inspection, people told us that the food had improved. One person said, “The food has got better, more choice.” Another said, “The staff cook, I watch and eat.” We saw that the provider had improved the way they stored food. However, we found items of food not sealed or labelled in the freezer and several bags of potatoes and onions that were out of date. The manager removed these from the cupboard and disposed of them promptly. Fresh fruit, such as bananas, pears, apples and oranges were available for people throughout the day and people we spoke with confirmed these were always available.

The manager told us that people who used the service had chosen the menu, which we observed was nutritionally limited and largely based on pre-prepared and processed foods with few dishes made from fresh ingredients. We saw that the manager or staff had not sought nutritional advice from a qualified dietitian and the menu did not meet the nutritional needs of all people living at the service. We saw that one person required a high calorie diet which should have included high calorie cakes or puddings but these were not available on the menu. Although a menu was in place this did not appear to be adhered to therefore people were eating the same food frequently. We saw that one person, who needed support to choose healthy cooking options, was given fried oven chips and a fried beef burger. The staff we saw did not have the skills to encourage this person to look at other, more healthy options of cooking this food.

Staff did not appropriately support people to develop their skills relating to meal planning and preparation. The provider’s action plan of August 2014 stated staff would “engage service users more in the planning and preparation of food and the staff team will also develop a more holistic picture of dietary needs and preferences of each individual service user”. During our inspection we observed a person requesting support from staff to prepare food but the staff member did not support them.

Staff did not appropriately support people to eat when they had special diets for their medical conditions. We saw correspondence relating to one person’s special diet that demonstrated that staff did not support the person to eat according to their diet plan, or provide accurate records to assist health professionals to monitor their progress. This resulted in the person’s medical condition not being appropriately managed and they became unwell.

This was in breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the training records of all five staff members. We saw that none were up to date with the mandatory training recorded in the service’s ‘Staff development and training policy and procedure’, which stated that staff would be invited to core courses including fire awareness, basic food hygiene, health and safety awareness, medication and safeguarding people. None of the staff had completed training in nutrition and the manager confirmed this, despite the August 2014 action plan from the provider stating that all staff were undertaking such courses.

We saw that three staff had never received supervision or an appraisal. Of the remaining two, one had received supervision in January 2014 and the other in December 2014. The manager told us that he had held staff meetings and these were also group supervision. These had occurred on 28 August and 1 December 2014. Staff we spoke with were unaware that the manager considered these meetings a form of group supervision. We reviewed the provider’s staff supervision and appraisal policy which stated minimum supervision for staff at the service was four times a year. Therefore, the provider did not follow its own policy and staff were not adequately supported to enable them to do their jobs effectively and safely.

This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff did not ensure that people saw their GP in a timely manner, or contact the GP or other professionals involved in people’s health care needs when people were unwell. We

Is the service effective?

contacted the GP and other professionals who looked after people at the service and they told us that they had been given incorrect information from the home which had led to one person becoming very unwell and being admitted urgently to hospital. Therefore, staff did not understand their role, the importance of monitoring people's health and reporting any changes to the GP or other professionals to ensure people received treatment without delay.

This was in breach of regulation 24 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with did not fully understand the Mental Capacity Act 2005 and were unaware of their responsibilities within the act in assessing people's capacity to understand and make decisions about their care. However, they demonstrated they understood the importance of gaining consent of the person before any care or support took place.

Is the service caring?

Our findings

People told us that “staff are good” and “staff are ok”. During the inspection we used SOFI to observe people receiving care.

We saw that staff did not have the skills to ensure that people were involved in food preparation. One person told us they liked to help the staff cook. During the lunch time meal preparation the staff member left this person standing and watching rather than engaging them and supporting them to prepare the meal. The person then became bored and requested a cigarette. We saw that the staff member refused to give the person a cigarette and showed no empathy or respect in the way they interacted with the person, leaving this person upset by the interaction with staff.

We reviewed people’s care records and saw no records of people’s histories. Staff we spoke with did not know people’s histories and had not attempted to find out details such as people who were important in their lives, previous jobs and hobbies people had before coming to the home.

The manager told us people did not have access to an independent advocate if they required support to make important decisions about their lives. Staff did not understand the role of an advocate or how an advocate could support people to make important decisions.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with said they knew about their care plans and were involved in them if they wished to be. One person said, “I know all about my care plan, but I’m not interested in it.” We saw that most people had not signed their care plans. We saw that some relatives had been involved in people’s care, however, this was only if the person agreed to this.

We saw that people had their own rooms and that staff knocked and asked for permission before entering. People we spoke with confirmed that staff knocked before entering their rooms. They told us that staff treated them with dignity sometimes, but were unable to explain further. One person said, “The staff treat me ok, with dignity yes I think so.” On reviewing staff training we saw staff had not received training in dignity and respect although staff we spoke with had some understanding of how to treat people with dignity and respect. They told us, “I always make sure doors are closed before I support someone to have a shower or a wash.”

Is the service responsive?

Our findings

We saw that staff knew what some people liked to do and this was recorded in their care records. One person said, "Staff help me attend a physical activity I enjoy weekly." Another told us "Staff support me to look after a pet." The staff we spoke with understood the importance of activities for people and were aware they needed to motivate and support people to attend. However, they did not have the skills or knowledge to engage most people in meaningful activities.

The manager told us they assessed people's needs yearly or when changes occurred. When we reviewed care records we saw that care plans and risk assessments had not always been reviewed. One person's changing needs had not been recorded in their care plan, leaving them at risk of inappropriate care and support that did not meet their needs.

This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had recently started to seek people's views on the food and menus at the service. We observed staff seeking people's feedback after a meal. We saw that people did not complete these forms themselves, instead staff asked them and completed the form on their behalf. We saw questions such as "was your food well prepared?", "were staff helpful?" and "how do you rate your meal?" It would have been very difficult for people to respond negatively as the staff member who made the meal filled in the questionnaire. We saw that all questionnaires were positive. However, one person told us, "We say the food's ok, but sometimes it's not."

We saw that the last whole service survey was completed in December 2013, there was no action plan completed from this and the provider had not fed back the results to the people who used the service. Nor had the provider asked for feedback from professionals who visit the home or people's relatives. At our inspection of 27 January 2014, we pointed out these issues to the previous registered manager and the provider. We saw at this inspection the

provider had still not provided feedback on their findings following the whole service survey in December 2013. Therefore, the provider had not involved people in decisions about the home.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked to review the provider's complaints and compliments book and documents. The manager was unable to find this during the inspection. They thought the previous registered manager had destroyed this book. The manager said that since he had taken over at the service in June 2014 he had received no complaints. After the inspection the manager contacted us and said that he had found the complaints book and that the service had received no complaints in 2014. We spoke with people who lived at the service. They were confident if they had a complaint they would go to the manager and he would resolve the problem. Staff we spoke with said they would support people if they wanted to complain. However, they had never had anyone complain about the service and were unsure how they would support someone to make a formal complaint as they were unsure of the provider's policy on complaints.

The manager had recently purchased games and puzzles and employed people to provide a craft group that people appeared to enjoy. The garden had been improved and people and staff had a vegetable patch, which they were very proud of.

People were supported to maintain contact with family and friends, the staff and manager told us the service had an open door policy and people told us their relatives visited them.

Staff were aware of some people's religious beliefs. When this was known this was recorded in their care records. One person told us their religious needs were met by staff. They said, "The staff support me to celebrate important dates in my religious calendar and support me to visit my relatives at this time."

Is the service well-led?

Our findings

Although the provider had systems in place to monitor the quality of the service, we saw these were not always effective and did not protect people from inappropriate or unsafe care.

The manager told us that he undertook several audits for the home. We reviewed two documents titled 'health and safety risk assessment' which covered areas such as fire, gas, violence and aggressive behaviour. Both of these documents were undated and had not been signed by the staff member who completed the audit or the manager. Each area had a comment box and each one stated "all checked and up to date". However, we saw that the document stated staff had received training in first aid, manual handling and violence and aggressive behaviour which records showed they had not. Therefore, the audits were inaccurate and did not record the state of the service at the time they were undertaken.

The manager told us he did not undertake a regular medicines audit but this was something he planned to introduce in the near future. Therefore, issues that we found during our inspection, such as a prescribed medicine not given to one person for 14 days, were not picked up by the manager so they could address the issue.

We asked the manager if he audited the care records as we had noted care plans and risk assessments had not been reviewed for some time. The care plans were not person centred and had incorrect information in them. He told us at this present time he did not audit care plans but thought he had a plan to do this in the future. Therefore, care plans and records did not always have the most up to date information and people may have received inappropriate or unsafe care as a result.

The manager had recently implemented a 'food quality control form'. The purpose of this form was to check that staff prepared food using fresh ingredients, had met food hygiene standards and involved the service user. None of these had been completed.

The manager and the provider did not demonstrate active leadership in managing risk, addressing training needs or supporting the needs of people effectively.

This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us that the registered manager who left in April 2014, had wiped the computer system, so he had no records of audits that had occurred before this date, no electronic care records or other important documents that had been kept on the computer. Neither the manager nor the provider had attempted to retrieve these documents and had not notified the CQC this had occurred and important records were missing from the service.

The manager told us they had implemented the use of a form to record when people visited the GP and other professionals and the outcome of these visits. They told us staff had started using these in September 2014, however neither the manager nor the staff were able to find these during the inspection and sent them to us shortly afterwards. None of these had been fully completed by staff such as noting the professional seen, nor were they signed by staff.

We noted through the inspection that errors had been noted in recording of important information at the home by staff. For one person who was supported by a specialist team and required to have weekly weight recordings, these had been incorrectly recorded since this person had moved in more than a year before. Another person's weight chart recorded they had been the exact same weight for several months and looked as though they had been completed without weighing the person. This could increase the risk of nutritional deterioration remaining undetected due to poor record keeping.

This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person did not ensure that care and support provided was appropriate, met people's needs and reflected their preferences.

Regulation 9.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The registered person did not ensure that equipment provided was clean, secure, suitable for its intended purpose, properly used, properly maintained and appropriately located.

Regulation 15.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person did not effectively operate recruitment procedures to ensure that all staff employed were of good character and have the qualifications, competence, skills and experience necessary for the role for which they were employed. The registered person did not ensure that required documents were available.

Regulation 19(1), (2) and (3).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

This section is primarily information for the provider

Action we have told the provider to take

The registered person did not ensure that care and support were provided in a safe way through managing medicines properly and safely, assessing risks to health and safety and doing all that is reasonably practicable to mitigate such risks, and working with appropriate people to ensure the health and safety of service users.

Regulation 12(1) and (2)(a), (b), (g) and (i).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered person did not ensure that people were protected from abuse and improper treatment.

Regulation 13.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person did not ensure that staff received such appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out their duties.

Regulation 18(2).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not operate effective systems to assess, monitor and improve the quality and safety of the service, ensure that feedback was sought and acted upon to improve the quality of the service, and securely maintain accurate, complete and contemporaneous records.

Regulation 17(1), and (2)(a), (c) and (e).

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs</p> <p>The registered person failed to ensure that the nutritional needs of service users, including receipt of suitable and nutritious food which is adequate to sustain life and good health, were met.</p> <p>Regulation 14(1)(4)(a)</p>

The enforcement action we took:

We served a Notice of Proposal on the Registered Provider to cancel their registration in respect of the regulated activity that they are registered for.