

# Nazareth Care Charitable Trust

## Nazareth House - Manchester

### Inspection report

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Date of inspection visit:  
10 April 2019  
11 April 2019  
18 April 2019

Date of publication:  
03 July 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Inadequate** 

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

About the service: Nazareth House provides personal and nursing care to up to 66 people, mainly aged 65 and over. People of all religious faiths are welcomed.

People's experience of using this service:

At this inspection we found four breaches in the Regulations. This related to staffing, safe medicines management, risk management, staff training and supervisions, people's lack of participation in developing care plans, leadership and management, quality assurance and record keeping, including food and fluid charts and arrangements for consent to care and treatment.

The service was not well managed. We found shortfalls in the leadership and management of the service. Several managers had been running the home on a day to day basis since March 2018 none of whom had registered with us. The area manager supported us throughout this inspection.

During our inspection the home had recruited a new manager who was registered with us at another service which had achieved a good rating. This person had confirmed their appointment and was waiting to take up the role of home manager.

The providers quality assurance audits and systems had identified the shortfalls we found. However, they had not addressed these shortfalls in a timely way to ensure people were kept safe and the good governance of the service.

Many of the records and information we requested to see could not be located by the area manager. Poor record keeping played an important part in determining the quality rating of the service.

We spent time with the new recently appointed chief executive officer (CEO) who was to become the nominated individual (responsible person) for all the providers services. The CEO had a good understanding of the regulatory requirements the provider must meet and demonstrated a commitment to continuing to drive forward improvements.

We had concerns about staffing support afforded to people to ensure they receive safe, effective, responsive and dignified support. High levels of agency staff were and had been being used. However, feedback received by us was that the staffing situation had recently improved.

Systems in place did not ensure that people received their medicines in a safe way.

It was not always clear from people's care records if all their identified risks had been assessed and a risk assessment put in place to help guide and support staff to mitigate such risks. We found several low level environmental risks during our inspection visit.

Staff had not received all the training and supervision they needed to support people effectively.

People who were able told us they were always asked for their consent before personal care tasks were carried out. It was not clear on people's records whether a mental capacity assessment had been carried out to determine if they could make a specific decision when they needed to.

People told us they enjoyed their food. However, hostesses, who had previously taken time to assist, monitor and then record people's food and fluid intake, had been replaced by putting an additional member of staff in the kitchen.

People were supported by staff who had been safely recruited. Staff knew what action to take if they thought someone was at risk of harm.

People spoke highly about the staff supporting them and said they were treated with dignity and respect. People appeared well cared for. The atmosphere was friendly, calm and quiet.

Rating at last inspection: The service was last inspected in October 2016 and had received a good rating

Why we inspected: This was a planned comprehensive inspection in line with our methodology.

Enforcement: Action we told provider to take can be found at the end of full report.

Follow up: We have requested an action plan from the service to tell us how they intend to make improvements. We will inspect the service again within six months.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Nazareth House - Manchester

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

On the first day of the inspection the team consisted of an adult social care inspector, an inspection manager 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 in this case residential services for older people. The adult social care inspector returned for a further two days, with a pharmacist inspector attending on one of those days.

#### Service and service type:

Nazareth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had had a succession of managers working at the home over the past year, but none had applied to registered with the Care Quality Commission. The last home manager had been appointed in August 2018 and had recently left the service. A registered manager is a person who with and the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The area manager supported us throughout our inspection.

#### Notice of inspection:

This was an unannounced inspection on the first day.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who worked closely with the service. We received no information of concern.

We had received a Provider Information Request (PIR) from the service completed by the last manager registered with us in April 2018. A PIR gives us information about the service and what plans were in place to make continuous improvements.

During the inspection we spoke with 12 people who lived at Nazareth House and three relatives. We also spoke with the new chief executive officer, the area manager, a Sister involved in the day to day running of the home, the new interim head of care, the area catering manager, a nurse, two new support workers on the night team and two support workers on the day team, the activity co-ordinator, an administrator, a housekeeper, a chef and the maintenance person.

We looked round most parts of the building, carried out observations in the public areas of the service and looked at the care and medication records for 11 people who used the service. In addition, we looked at a range of records relating to how the service was managed; these included three staff personnel files, training and supervision records, maintenance and servicing, audits and quality assurance systems.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

This meant people were not safe and were at risk of avoidable harm.

### Staffing and recruitment

- There had been a high turnover of staff and this had impacted on the quality and consistency of care people received.
- People and relatives told us, "I know the names of the regular staff. Some have been here for five years, although there's been a high turnover of staff recently", "Up to two weeks ago, there hadn't been enough staff, but it has improved since the new nurse was appointed", "It used to be great here in the past, but not these days because of the high turnover of staff. They seem to be short staffed all the time", "The staffing level tends to drop at the weekends, for example, the reception is not manned. There often can be two carers down. Some come quickly when I use the buzzer, and some don't and "I only know three or four of the staff at the moment because of high turnover."
- Staff said there were some signs of improvement in staffing and less use of agency recently. They described some agency staff as 'fantastic', but others are not. They said they hoped that some of the good staff who had left the service would return due to the recent change of management. Staff said they thought that being short staffed had led to them not providing care to people to previous standards.
- On three occasions on the first day of our inspection we witnessed three people requesting assistance to use the toilet. There was no response from the staff which meant their dignity was compromised.
- At lunchtime we saw that there was one permanent staff member and three agency staff on the residential unit. The lack of skill mix and deployment staff led to people's not being assisted with meals in a timely way.
- Lack of continuity of care by agency staff had had an impact on the care people received, for example, constantly having to repeat that they were blind and had a hearing loss which was frustrating for them.
- There was no dependency tool in use to determine people's risks and needs and the numbers of staff with the skills needed to support them safely.

The lack of suitably skilled and experienced staff meant people were not safe. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing

- New night staff told us that they had been made to feel welcome by the staff team.
- One person told us, "They definitely come quickly at night. The other week, I was having a bath at night and I pressed the buzzer by accident. The 'flying squad' came before I had realised what I'd done!"
- Systems were in place for the safe recruitment of staff.

### Using medicines safely

- Medicines were not always managed safely.
- Some people received medicines via a PEG Percutaneous endoscopic gastronomy tube. Care plans were not always clear and there was limited advice about how to give the medicines individually. Therefore, it was not possible to be assured they were being safely administered.

- Some people with swallowing difficulties were prescribed thickeners to be added to fluids. The care plans did not accurately state the consistency and did not always match the product being used. This meant there was risk of the person choking.
- People receiving high risk medicines did not always have appropriate care plans in place to keep them safe.
- Some medicines were no longer required, the providers own policy was not being followed for the management of these items.
- Some medicines required refrigeration, one of the fridges had not been correctly monitored and its readings were out of range.
- People were prescribed medicines on a 'when required' basis to manage their behaviour. The care plans to support the use of these medicines were not always in place.
- The provider had recently implemented audits to review medicines. An action plan had been initiated however work was required to implement this.

The lack of managing medicines appropriately meant people were not safe. This was a breach of Regulation 12 (2) g of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment

#### Assessing risk, safety monitoring and management

- We found several shortfalls in the management of individual and environmental risk.
- People did not always have risk assessments in place. The initial assessment documentation and risk assessments did not always cross reference. There were different views amongst staff about how the level of risks identified should be determined. Clarification was needed to ensure a consistent approach.
- We found that there were no key pad locks on stairwells, which meant people who lived with dementia could access them leaving them exposed to the risk of falls. We saw that a health and safety audit had been carried out in August 2018 identifying the need for locks. Invoices for 13 locks were seen and these were now on order.
- We saw leads from electrical items such as television in people rooms stretching across floors to reach plug sockets creating potential trip hazards.
- Some people were not able to access call bells or light switches to alert staff if they required assistance.
- Disposable gloves and aprons were seen to be accessible on corridors, which meant people who lived with dementia had access to them.
- First aid kit checks had stopped being undertaken.
- Premise servicing and monthly checks had been completed by the maintenance person who knew the building well.

The lack of identifying and managing risk meant that people were not always safe. This is a breach of Regulation 12 (2) (a) (b) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- The satellite kitchens were seen to be dirty. This task had previously been held by hostess or servery staff whose role had been to support and monitor people to eat and drink and keep the satellite kitchens clean. A staff member from the kitchen took immediate action to clean all the kitchens during our inspection.
- Staff were seen not to be wearing gloves or aprons at lunchtime.
- We saw a person's catheter tube trailing on the floor, which was also a trip hazard.
- The local authority infection control team had carried out a full audit of the service, but the findings had not been shared with housekeepers so that they could action any shortfalls identified. This matter was addressed during our inspection visit.
- Other areas of the environment appeared visibly clean and tidy. The kitchen and laundry were seen to be



clean and in good order. We saw housekeepers were available and cleaning in people's rooms and public areas.

- People spoke positively about the housekeepers and levels of cleanliness at the home.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. They said, "I like it here and would speak to the carers if I had any concerns."
- Staff knew what action to take if they had any concerns about a person coming to harm. Staff felt that they could speak with the nurses and the area manager and they would act.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- People told us they considered staff had the right attitude, skills and knowledge to care for them safely and properly.
- However, records we saw showed that staff training was not up to date and there is no current records of supervision and appraisal. This shortfall had already been identified by the new CEO and they were in the process of ensuring that priority was given to addressing this matter.
- New staff told us that they had received good support from the staff during their induction and had shadowed established staff. They told us they had received relevant training to the role in their previous employment but not at this service.
- Staff told us they would like more opportunities for face to face training.

The lack of appropriate support and training meant staff were not equipped to carry out their role competently. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- It was not clear from records whether applications for people who required a DoLS had been made because there was no tracking system in place and no information about mental capacity and decision making on the five care plans we saw.
- Staff spoken with told they understood the basics of the MCA, however they said they would appreciate more MCA and DoLS training.

- People told us they were asked for their consent before care tasks were carried out; however, we did not see any signed agreements to care on people's plans.

Failure to meet the requirements of the MCA meant that people's rights were not always protected. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Need for consent.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us that they enjoyed the food offered. However, the meal time experience and assistance we saw was seen to be poor.
- The last review of the meal time experience was undertaken in February 2018.
- Since our last inspection the role of servery staff who oversaw the cleaning of the satellite kitchens, food and fluid intake was no longer in place and this has had an impact on people, staffing arrangements and record keeping.
- The chef told us that there were five people on pureed diets and ten people who were diabetics.
- The Malnutrition Universal Screening Tool (MUST) was used to assess people's nutritional needs. We asked for the records to show which people were at high risk. The system only produced assessments for 22 people and indicated three people as high risk.
- Though requests were made we saw no records being maintained of food and fluid intake for the people identified as being at high risk however weight checks were being undertaken. This has been addressed in the well led section of the report.
- We found dietary supplements being stored in a satellite kitchen cupboard that had not been given to people during the month they were prescribed.
- Kitchen staff knew which people received a modified diet, for example, a pureed diet for people who were at risk of choking or fortified if people were underweight.
- We spoke with the area manager for catering. They told us that they were happy with the current arrangements in the kitchen and the meals provided.
- A new catering manager was due to start work at the service soon, which would mean the kitchen was fully staffed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- No concerns were raised with us about people not receiving the care they needed in a timely way.
- We saw doctors and district nurses visiting people regularly throughout our inspection visit.

Adapting service, design, decoration to meet people's needs

- Nazareth House is a large purpose-built home that is attached to the convent of the Sisters of Nazareth. It is both simple and striking in design in parts.
- It is situated in large well-kept gardens though it was mentioned by staff that people would benefit from more user-friendly accessible garden areas close to the communal areas.
- Given some of the risks we found within the environment care needs to be taken to ensure that the home adapts to keep pace with people's increasing needs and level of risk.
- Some areas of the home appeared tired in parts and would benefit from redecorating.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke positively about the staff and the care and support they received from them. They said, "They are all kind and caring. I think they know me quite well", "I feel that the staff listen to me and act accordingly", "The staff seem to be kind and caring. The agency staff are very good too" and "The staff members are kind and caring. I feel that they know mum and the family."
- People looked well cared for, were clean, appropriately dressed and well groomed. This was particularly noticed where a person was going out to lunch with family members.
- The atmosphere in the home was quiet, calm and relaxed.
- An agency staff member told us about the support they were giving to a person who was at high risk of falls and how they massaged the person's hands to help keep them calm.
- People's bedrooms were personalised to their individual tastes.
- A Catholic Mass was held once a day and other services were held by relevant visiting clergy. The Sisters of Nazareth offered Holy Communion in people's rooms to those people who wished to receive it but were not physically able to visit the chapel.
- The home accepts people from all religious and non-religious backgrounds. We were told where a person's religious beliefs differed, with guidance from their relative where needed, their religious, cultural and dietary needs and beliefs were respected.
- We saw information was available to people and relatives about the Sisters of Nazareth core values of love, justice, compassion, hospitality, respect and patience.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People said, "They show dignity and respect, for example by keeping us covered when we're in the bath and usually they knock on my door before coming into the room. I like to keep my independence by making my own bed, getting my own jugs of water and taking a shower or bath unassisted. I'm also able to get out and about, for instance today I am going to the doctor's surgery on my own. I am very much involved in my own care and keep a record of when appointments are due" and "They are respectful and treat me with dignity. They ensure that I am covered to protect my modesty. They always close the door and help me when I am in the shower. They also ask me how I am and if I am satisfied with things."
- Relatives said, "Dignity and respect are good, for example [staff] always knock at the door. Every other day, [relative] can have a bath or a shower. I don't think they could give any better care."
- People's records were held securely on the homes computer system.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and relatives told us, "We've had a couple of problems with basic care, when the care plan wasn't adhered to" and "I've not been involved in care plan discussions, but I think my [relatives] have." People also told us, and we also saw, that they did not always have access to their call bells to request assistance. One person said, "I know I can't reach it. I often have to shout if I need assistance, but I have not got a loud voice. The response time is 'iffy'." We also heard people shouting for assistance.
- The care records were held on computer. We checked five printed records. We found that care plans were well written and kept under review. However, we saw that the electronic care plan system was not being used consistently by staff, for example, 'do not use' areas appeared on the care plans.
- We did not see any consent to care forms completed by people or whether they had participated in the care planning process.
- The new interim head of care who had been at the service for one day had checked nine care records and all had failed the review. The interim head of care said, and we saw that the electronic records were not being used consistently by staff and improvements in consistency were needed.
- We were told by staff that the electronic pads that they usually used for recording were currently out of use and had been for some time because of a fault with the system. They said they would like this to be rectified. This has been addressed in the well led section of the report.
- We attended a handover between day and night staff. Each person was discussed, and a written handover was completed. We also attended a morning heads of department meeting. This was undertaken to help ensure that all departments were kept up to date about what was happening at the home and an opportunity for heads of department to raise any concerns.
- We received positive feedback about activities and saw a number of events taking place in the main hall. Many people participated in dominoes and then a fun, very competitive and energetic balloons and foam game took place, which people really enjoyed. In the afternoon a small group spent time looking and doing competitions in the Weekly Sparkle. The Weekly Sparkle is a reminiscence paper that raises discussion points and quizzes relating to the past.
- We noted that some people spent a lot of time in their bedrooms.
- We received high praise from people about the part-time organiser, however people said that that they would like more activities to be available across seven days.
- Plans were in place to celebrate Easter Weekend.

Improving care quality in response to complaints or concerns:

- We saw people were provided with clear information about the procedure in place for handling complaints. A copy of the complaint's procedure was displayed.
- We looked at the complaints log entered into the electronic records system for people and relatives. We detailed information in the log but the supportive evidence, for example, response letters and emails could

not be located. We also checked on action taken relating to a complaint and a safeguarding concern we had been made aware of. We were told that in both cases that the action indicated in the log had been overturned by the area manager but the log we saw did not reflect this. This has been addressed in the well led section of the report.

#### End of life care and support

- At our last inspection the home was part of the Six Steps programme which guaranteed that every possible resource is made available to facilitate a private, comfortable, dignified and pain-free death. Some of the staff were in the process of training for The Palliative Care Education Passport. This is training that has been developed by the education staff at the local hospice. The training accredits the actual care worker rather than the organisation they work for so when staff change their employment they take their skills, knowledge and accreditation with them.
- However, because of the high turnover of nurses and care staff since our last inspection it was difficult to determine how many staff had received end of life training.
- In the event of a person nearing the end of their life, visitors who wished to stay with them could stay in a bedroom situated close to the chapel. This showed to us that the home recognised and considered the importance of caring for the needs of all family members and friends.
- We saw some very positive feedback about the Sisters of Nazareth and how important it was for relatives to know that the Sisters were present as a person was nearing the end of their life. Comments included, "It was an absolute blessing to learn that [Sister] was the last person to be with [relative] and I know this would have been such a peaceful prayerful time" and "I just wanted to send you a message to say how much your presence was a comfort to me last night at such a difficult time. Your kindness in spending time with [relative] in prayer is a gesture which I and my family are so grateful for and it would have meant so much to [relative]."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People who used the service and relatives said, "I know that the last managers gone" and "I know who the current temporary manager is. The previous manager left last week" and "I think the home is usually managed well. We had a few concerns in February when they were short-staffed, and we had long waits. I feel that now it is much better and they're getting there again."
- Staff told us they wanted the service to get 'back to normal'. This meant to them having good leadership and management, consistent staff who knew people well and restoring the homes previously good reputation.
- Staff complaints were found in the log and these appeared to indicate tension between managers and the staff team. However staff said that the area manager was approachable and supportive.
- Records confirmed there had been a high turnover of managers in the past year, which had impacted on the morale and culture at the service.
- Records showed a series of audits had been undertaken, for example, the service improvement plan, health and safety assessment and customer care and core values audit. However, actions identified in these audits do not appear to have been followed up in a timely way to ensure improvements needed were made and then sustained.
- Many records we needed to look at during the inspection could not be found or were not fully accurate. This included food and fluid intake, care plan records and complaints.
- Records of staff meetings could not be found. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice and raise any concerns they might have.

The lack of robust quality assurance and record keeping meant that people were at risk of poor quality care. This was a breach of Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014

- The new recently appointed CEO, who was also to become the providers nominated individual, had a good understanding of the regulations. We saw evidence to show that they had already started to identify shortfalls in the service, for example, staff training.
- A new manager had also been appointed who was registered with us at a home that had achieved a good rating. The CEO was confident that this manager had the skills, knowledge and experience to make the required improvements needed and improve staff morale at the service.

Continuous learning and improving care; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw that although there were relatives and residents' meetings arranged for the year. However, there was no evidence available to support that these had not taken place. The one intended to take place during our inspection was cancelled at short notice due to recent changes in management.
- People told us, "There are residents' meetings and I have attended two of them. I've also had a questionnaire from the main office in Hammersmith. This was a while ago", "I'm not aware of any residents' meetings and I'm not aware of any questionnaires" and "I don't know of any residents' meetings here and we have had no questionnaires as yet."
- We saw a copy of the results of the resident's survey carried out in March 2018. This report shows positive outcomes but also highlights some of the shortfalls we found during our inspection such as staffing, taking account of resident's views when making decisions and wanting more activities.
- The report noted that 100% of the people asked said they were treated fairly and with respect regardless of their ethnic background, age, disability, gender, race, religious belief or sexual orientation.
- Work needed to be undertaken by the provider to engage with people who used the service, relatives and staff.
- Most people and relatives spoke positively about the service. They said, "I would recommend this service, because I know that I'm in a good place" and "My impression of this service is that it's very good and the regular staff are excellent. I would recommend this place, because of the way we're treated, and we can have a bit of fun. I think it's good that they allow me to have a glass of whisky as well!"



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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	People who use services and others were not protected against the risks associated with unsafe or unsuitable. This was because we could not evidence that people, or a relevant person had given their consent to care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People who use services and others were not protected against the risks associated with unsafe or unsuitable care. This was because both individual and environmental risk assessments had not always been completed and people's medicines were not always safely managed.  Regulation 12 (a) (b) (d) (g) (h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	People who use services and others were not protected against the risks associated with good governance.  This was because although the registered provider had systems in place to assess and monitor people's health and safety or improve the quality and safety of the services provided

the shortfalls identified had not been addressed in a timely manner.

Accurate records were not always being maintained for each person using the service and records to evidence how the service was managed could not always be found.

Regulation 17(1)(2)(a)(b)(c)

## Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

People who use services and others were not protected against the risks associated with unsafe or unsuitable care. This was because there were not always enough competent and experienced staff to support them effectively who had always received the training, supervision and appraisal they needed.

Regulation 18 (1) (2) (a)