

Metropolitan Housing Trust Limited







Waterbeach

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

Waterbeach is registered to provide accommodation and non-nursing care for up to 4 people. There were 4 people with a learning disability living in the home at the time of the inspection. The accommodation is a bungalow and all bedrooms are for single use.

This unannounced inspection took place on 12 and 13 October 2015.

At the time of the inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to

manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

The system to monitor the quality of the care being provided and to drive improvement was not effective and this impacted on all areas of the service.

Summary of findings

Risks had not always been managed to keep people as safe as possible. Risk assessments had not always been completed when necessary. This meant that staff did not have the information they required to ensure that people received safe care.

Accidents and incidents were not continually reviewed to identify and address patterns or common themes. We could not be confident that people were receiving their medication as prescribed. Not all staff who administered medication had been trained and assessed as being competent. Current legislation was not being followed regarding the storage and recording of administration of medication. Medication audits were not being completed to identify any areas for improvement.

A system to make sure that there were enough staff available to meet peoples' needs at all times was not in operation. Action had not been taken in a timely manner to maintain the building. Contingency plans were in place so that staff knew what action to take in the event of an emergency.

The recruitment procedure hadn't always been followed. This meant that one person had been employed before all of the relevant checks had been completed. Staff were receiving regular supervisions.

The registered manager was not aware of what training or competency assessments some staff had completed. Not all staff had received the training that they required to meet people's assessed needs. This placed people at risk of receiving care that was inappropriate. Staff were aware of the procedure to follow if they thought someone had been harmed in any way.

Although staff had made referrals to health professionals the information that they received was not always followed.

The requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) had not been complied with. This meant that where people were being restricted from leaving the home on their own to ensure their safety, this had not always been done in line with the legal requirements. Staff did not have a good understanding of the principles of people being assessed as having capacity or making best interest decisions.

People's dignity, respect and privacy was not always maintained. People's records were not held securely and confidential information was accessible to other people and visitors to the service.

Adequate food and drink was provided. However people were not always offered choices about what they would like to eat and drink. Staff did not always follow the guidance provided by the speech and language therapist about suitable diets.

Care plans did not contain all of the relevant information that staff required so that they knew how to meet people's current needs. We could not be confident that people always received the care and support that they needed. People were not encouraged and supported to take part in a range of activities that they may enjoy.

The provider and registered manager were not aware of the shortfalls in the quality of the service we found at the inspection. Although the provider had stated that they would carry out checks of the service on a six weekly basis these had not always been completed..

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

Summary of findings

For adult social care services the maximum time for being in special measures will usually be no more than 12

months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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.

There were not enough staff with the right skills and experience to meet people's needs and provide their care safely. Recruitment checks were not always thorough.

All risks to people had not been consistently assessed. Action had not been taken to reduce risks to people.

Medicines were not managed safely.

Inadequate



Is the service effective?

The service was not effective.

Staff did not understand how to implement the Mental Capacity Act 2005 and this meant that people were unlawfully deprived of their liberty.

Staff had not completed all of the necessary training to meet people's needs. This meant that care was not always provided in a safe way.

Inadequate



Is the service caring?

The service was not always caring.

People's privacy and dignity was not always maintained.

Inadequate



Is the service responsive?

The service was not responsive.

Care staff were not provided with guidance about how to provide people's care and support safely.

People were not supported to undertake a range of activities.

Inadequate



Is the service well-led?

The service was not well-led.

There was no consistent leadership and staff were demotivated. Staff were not held accountable for the care they provided.

Checks on the quality of the service had not been completed regularly.

Inadequate



Waterbeach

Detailed findings

Background to this inspection

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

This inspection took place on 12 and 13 October 2015 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the home, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We

reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted local commissioners to obtain their views about the service.

During our inspection because we could not verbally communicate with the people living at Waterbeach we observed people's care to help assist us in understanding the quality of care they received.

We spoke with the director of operations, area manager and registered manager, and one care and support worker. We looked at the care records for two people. We also looked at records that related to health and safety including audits, and fire records. We looked at medication administration records (MARs).

Is the service safe?

Our findings

Although some risk assessments had been completed there was not a consistent approach to ensure that, when needed, people had a risk assessment in place. Staff told us that one person “had always been underweight”. However there was no risk assessment which identified the risk, how it was monitored and what action staff should take to reduce the risk of the person losing weight. One staff member told us that the person was weighed regularly “if there were enough staff.” We saw in the daily notes for one person that they had “red areas of skin on their body” that needed monitoring. Staff told us that the person spent all of their time either in a wheelchair or on their bed. Staff also stated that the person regularly got “red areas”. However there was no skin integrity risk assessment in place to identify the risk or what action staff should take to prevent it from reoccurring or further deterioration. We were informed after the inspection that as a result of our feedback a risk assessment had been completed and had identified the need for specialist equipment and health professional referral.

Accident and incident forms had been completed as necessary and placed in people’s individual care records. However the registered manager confirmed that there was no process in place for reviewing accidents or incidents to make sure that themes were identified and any necessary action had been taken. This meant that care was not always being provided in a safe way and risks had not always been managed appropriately.

We saw that when staff had concerns about people’s eating and drinking a referral to the speech and language therapist (SALT) had been made. Assessments had been carried out by the SALT and information had been provided about the suitable texture of food. The assessment for one person stated that they should have a soft moist diet. However we saw that they were given a plate of crisps. We questioned if this was suitable considering the SALT assessment. We were told by the registered manager that the crisps were not suitable. The plate of crisps was then taken away from the person, without any explanation as to why by the registered manager. The SALT assessment for the same person also stated that they should be observed when eating and drinking. It stated that they should be given verbal prompts to slow their drinking speed/ take a breather. However the person was left alone in the kitchen

whilst eating and drinking. We had to inform the registered manager of this to ensure that a member of staff was with the person. This meant that people were at risk of receiving inappropriate food and drink and insufficient support

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Due to vacancies in the home, bank staff and agency staff were being used regularly. The registered manager told us that she tried to use the same bank and agency staff so that they were aware of what support and care people needed. The registered manager stated that the staffing levels had always been the same since she had started working in the home eight years ago and that they had not been reassessed. They stated that the minimum number of staff to be working in the home to safely meet people’s needs was two members of staff on both the morning and afternoon shifts and one person sleeping-in at night. However staff told us and the records confirmed that at times staff had worked on their own. The records showed that one person needed two members of staff to assist them with their daily physiotherapy routine and when being hoisted from their wheelchair to their bed. However there were some occasions when only one person was working. The registered manager agreed that this meant that the staffing levels had sometimes been insufficient. This meant that staffing levels were not always sufficient to keep people safe. We therefore could not see how people’s needs could be safely met with the staffing arrangements that were in place.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the first day of the inspection the registered manager was not able to tell us if or when staff had completed their medication training. The registered manager had carried out competency assessments for some staff. The registered manager stated that she had delegated to a team leader to complete the competency assessments for bank staff. The registered manager was not aware that this had not been done. However these staff members were administering medication to people. Some staff were not able to administer emergency medication to people if they had a seizure because they had not received the required training. However one member of staff was carrying out

Is the service safe?

medication administration competency assessments even though there was no record of them completing their own medication administration training. There was not a record of all medication held in the home. Medication audits were not being carried out and the records of medication held in the home did not reflect the amount held in stock. The medication administration records had not always been completed appropriately, for example mistakes had been scribbled out and when the code for “Other” had been used no explanation had been added. The registered manager was not aware of the guidelines for recording the storage of certain medication. This meant that we could not be confident that medication was being managed safely or that people were receiving their medication as prescribed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Various areas of the home were in need of repair or redecoration. The health and safety audits had identified that kitchen cupboard doors were missing and drawers were broken and had been for several months. The toilet had different colours of paint on the walls where holes had been filled in and painted over. The plug was broken on the sink in the toilet. Although a new bath had been fitted, the bathroom was clinical and not welcoming. There was a rusty bin in the bathroom. Paint work was scuffed in the toilet, bathroom and kitchen area. An area in the kitchen was used for storing files and staff in-trays. This did not help to give the feeling it was someone’s home.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us about their recruitment and that they were only employed after the necessary checks to ensure they were suitable to work in the home had been completed. Recruitment checks included the provider requesting references from previous employers and the completion of a satisfactory criminal records check. We checked the records for two members of staff. However we found that one person who had recently been recruited only had one reference in place. The registered manager contacted the provider’s human resources department who stated that it had been an oversight on their behalf and that it did not comply with their recruitment policy. This meant that we could not be confident that people only suitable to work in the care sector had been employed.

Staff told us and records confirmed that staff had received training in safeguarding and protecting people from harm. A safeguarding policy was available and staff told us that they had read it. Staff were knowledgeable in recognising signs of potential abuse and were able to tell us what they would do if they suspected anyone had suffered any kind of harm.

The fire alarms had been tested weekly to ensure they were working. The registered manager stated that fire drills should be completed six monthly but that they had not carried one out since January 2015. There was a “Grab Bag” in place which contained equipment and information that people may require if they needed to evacuate the home in an emergency. Contingency plans were in place for staff to follow in the event of an emergency.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) sets out what must be done to make sure that the human rights of people who may lack capacity to make decisions are protected. The registered manager confirmed that all four of the people living at Waterbeach needed mental capacity assessments, best interest decisions and deprivation of liberty applications to be in place. However only one mental capacity assessment for one person had been completed. The registered manager stated that she was aware of the need to complete the assessments but had only had time to complete one at present. This meant that people were being unlawfully deprived of their liberty and decisions were made on their behalf without following the correct procedures.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us and records confirmed that staff completed an induction and ongoing training including safeguarding of vulnerable adults, food hygiene, first aid, moving and handling, epilepsy awareness, fire safety and medication. However due to three staff vacancies the home was using high levels of bank and agency staff who had not completed all of the necessary training. Some of these staff were lone working with people. This meant that if someone had an epileptic seizure when staff were working without the necessary training instead of medication being administered they would have to call an ambulance. This could lead to the unnecessary admission into hospital for a person that could be cared for at home if staff had the correct training. Permanent staff, bank staff and agency staff had not been sufficiently trained in some procedures they were carrying

out such as percutaneous endoscopic gastrostomy (when someone is given medication and nutritional supplements through a tube inserted directly into their stomach), skin integrity and stoma care. This meant that staff had not had the training they required to fulfil the requirements of their role.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were unable to choose their meals. Until recently staff had always chosen the meals for the week based on what they thought people had enjoyed in the past. The area manager had requested that people were given more choice of food and were encouraged to choose meals for themselves. We saw that the menu for the week of the inspection stated that people had declined to choose the meals for the week. We asked the registered manager when the menu had been decided and how many opportunities people had been given to make a choice of the meals. The registered manager stated that people had only been given one opportunity and because they did not want to choose at that time staff had chosen the menu for the week. We asked why people were not given more than one opportunity to choose and were told that there was no reason why this couldn't be done and that it would be in the future.

Staff told us that they received regular supervisions and felt supported by the management team. One staff member said, "If I have any problems I can always talk to the manager and the team leader, they are very approachable."

Records showed people had regular access to healthcare professionals and had attended regular appointments about their health needs. Records showed that people had attended appointments for the GP and dentist and when needed other relevant healthcare professionals.

Is the service caring?

Our findings

Staff told us how they treated people with dignity and respect. They told us that they made sure that people's needs were met, they were treated as individuals and that they were involved in making choices. We saw that people were sometimes offered choices but not at all times. They said they knocked on people's doors before entering their bedroom and kept them covered up when offering personal care. We saw staff knock on people's doors before entering their room. They also said that they explained what they were going to do before undertaking personal care by saying things like, "You need to look beautiful."

However we did not always see people being treated with dignity or respect or having their privacy upheld. We saw one person walk from their bedroom naked to the toilet, leaving the door wide open. Although the staff were aware they did not close the toilet door for the person until we requested that they helped them.

There was a "Confidentiality" statement in people's care plans. The policy stated that staff, "Uphold confidentially regarding personal or medical information they have about you." It also stated, "All information is treated as confidential and stored in a locked place." However we saw various pieces of A4 paper displayed in the kitchen area (attached to the side of the fridge) which included personal information about people. One piece of paper was "Freshfields daily duties" and included information that should not have been on display. For example, it stated what help people needed with personal care and continence aids. A "Behaviour Chart" was also displayed in

the kitchen for staff to complete for one person. Information about past safeguarding investigations was held in a file stored in the lounge. We asked the registered manager to remove confidential information from shared areas. The registered manager removed them from the kitchen. However we saw on the second day of the inspection that another copy of the daily duties was still on display in the utility room. Failure to ensure that information was stored securely did not promote people's dignity and privacy.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The area manager had asked the registered manager to involve people more in making decisions and planning their own care. The first "customer meeting" had been held in August and people had been given the choice of what to be included in the menu and what activities they would like to do. One person chose to go bowling. However at the time of the inspection this had still not been arranged. The registered manager told us that she had also advised staff of different in-house activities that people could try however these had not been carried out. The registered manager stated that she didn't know how to get staff to undertake new activities.

The registered manager stated that they had tried to access advocacy services for people but that this had not been successful and that they were looking at other options so that people had extra support to make decisions where they required so far and was looking into other options.

Is the service responsive?

Our findings

The two care plans we looked at were not person centred. We found that information was very basic and focussed on what people couldn't do for themselves rather than what people were able to do and were not up to date. For example the communication care plan for one person stated, "I respond better to a non-confrontational approach and become noticeably more anxious if I'm given a choice by walking away." However when we asked the registered manager about this she stated that the person was given choices, for example, what they would like to wear and this wouldn't cause them to become anxious. This meant the person may not be given choices if a member of staff followed the written care plan.

Information about what interests and activities people liked to take part in were not up to date. For example, one person's care plan stated that they enjoyed swimming. However when we asked the registered manager when the person had last been swimming we were told "Not in the eight years that I've been working here." We also found that essential information referred to in the handover sheet about one person needing staff to carry out physiotherapy exercises with them every day was not in their care plan. After completing the physiotherapy exercises with the person staff had been instructed to record the session on the "physiotherapy form". However we found that there were seven dates missing from August and eight dates missing from September. The registered manager could not tell us if this meant that the person had completed their daily physiotherapy session and staff had forgotten to record it or if the sessions hadn't actually taken place. The registered manager stated that she wasn't aware that there were missing dates and therefore hadn't taken any action in relation.

One person's care plan stated that their PEG (Percutaneous endoscopic gastrostomy- a feeding tube) should be inserted and rotated every Thursday and that this task would be recorded in the house diary. We looked at the diary for the previous six weeks. It had only been written in once and ticked. It was not written in for the week of the inspection or the following week. We asked the registered manager how she knew if this had taken place. The registered manager told us that staff had been instructed to tick the entry in the diary when they had completed the

task so could not say if it had been done or not. Care plans had been reviewed monthly by people's keyworkers and new goals set for people but this information had not been added to the care plans. Although care plans had been reviewed the missing and inaccurate information had not been identified. We asked one member of care staff if one person needed to be supervised when they were eating and drinking. However even though their SALT assessment stated that they should be the staff member told us that they were safe to be left on their own. This meant that people are at risk of receiving inappropriate care and support as information from other professionals was not being followed.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person attended a day centre from Monday to Friday. Other people in the home relied upon staff to support them with their activities. Each person had a weekly planner of activities. However this was not always being followed. The registered manager told us that a recent contracts monitoring report had found that the activities were not varied enough and in response she had given staff a list of possible activities to try with people. However on reviewing one person's records we found that the activities were still limited. The registered manager had provided staff with a list of alternative activities for people to have a go at. It was unclear from the records or talking with the registered manager if any activities had been tried. People were not given the opportunity to get involved in everyday tasks such as shopping for the weekly food. We were told by the registered manager it was because the food had to be purchased using a card which only the registered manager or team leader had access to. However the area manager stated that cash could be withdrawn using the card so that people could be given the opportunity to do their own food shopping with support from staff.

There was a complaints procedure in place. The registered manager stated that there hadn't been any complaints received. The complaints procedure was in a picture format but extra work was in progress to make it in a more suitable format for people living at Waterbeach. Staff were aware of what procedure to follow if they received a complaint from anybody.

Is the service well-led?

Our findings

There was a registered manager in place at the time of the inspection. The registered manager stated that she was supported by the area manager.

We found that people had not been involved in running the service in a meaningful way. Although a “Customer Meeting” had been held we found that the decisions made had not always been followed through. The registered manager was not aware that the decisions made had not been followed through. Quality assurance surveys had been completed with people in April 2015 with the support of staff. One request from the responses was that a ramp should be fitted to the back door to make it easier for people who used a wheelchair to get in and out. The registered manager stated that this had not been done as she had obtained quotes for the work and had been told it was too expensive. However the area manager stated that she had not been given any quotes to consider.

There was a lack of effective quality assurance systems being used to drive improvement. For example, we discussed the issues we found relating to the care plans with the registered manager and asked her how often she audited them to make sure they were appropriate. The registered manager stated “Probably not as often as I should.” One care plan we looked at had not been audited by the registered manager at all in 2015. The registered manager had completed a health and safety audit and had noted for several months that the kitchen units and drawers needed replacing. However this was still outstanding at the time of the inspection. The registered manager stated that she had been informed the kitchen units and drawers were going to be replaced but had not been given a date when this was going to be done. The various issues we found with the medication storage and administration had not been identified by the registered manager before the inspection. Despite other health and social care professionals providing support and information on how to improve the home, issues had not been addressed to make the changes in a timely manner. For example, in June 2015 the Cambridgeshire County Council report had identified improvements were required in relation to daily activities, mental capacity assessments, deprivation of liberty safeguards and care plans. We found no action had been taken to make the required improvements in all the identified areas.

As a result of a safeguarding investigation in January 2015 the provider stated that they would carry out six weekly monitoring visits of the home. However this had not been achieved. Although the area manager stated they had carried out regular monitoring visits of the home the registered manager could only find two of the reports and action plans. We asked the area manager to provide any extra reports but we did not receive any at the time of writing this report.

During the inspection we met with the area manager and the director of operations. They told us that although action plans had been put in place to improve the quality of the service the quality assurance system for the home had not been effective in identifying all of the issues. They also assured us that immediate action would be taken so that people living in the home were not placed at unnecessary risk.

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

The registered manager was not aware of what training and competency assessments staff were required to complete or had completed. The registered manager stated that she has asked another member of staff to carry out some competency assessments with the bank staff but had not checked that these had been done. The competency assessments had not been completed. The registered manager told us that she had been informed in May 2015 that she needed to complete a two day course in PEG training. This would mean that she could then train the staff and assess their competency. However the registered manager had not arranged to attend this training. This meant that the registered manager had not ensured that at all times staff were in place with the right skills, knowledge and competencies.

We discussed the everyday culture and values with the registered manager. The registered manager stated that she tried to encourage staff to think “outside of the box” and how they would feel if they were living in the home. She stated that it had been difficult motivating staff due to continued staff shortages and she wasn’t sure what to do when they didn’t do the things she asked of them. Care staff told us that they thought staff morale was one of the

Is the service well-led?

areas that could be improved. The registered manager told us and records confirmed that they held regular staff meetings and care and support meetings to discuss any issues within the home.

People were involved in the local community by attending the church, using local shops and pubs and library.

There was a whistle blowing policy in place that staff told us they were aware of. The registered manager stated that the provider's learning disability specialist was working on providing policies in a format that would be suitable for people living in the home.

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

Accommodation for persons who require nursing or personal care

Regulation

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

People were not protected from the risks of receiving care that was inappropriate and did not meet their needs. Regulation 9.

The enforcement action we took:

This will be reported upon at a later stage when our action has been completed

Regulated activity

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

People had not been protected from the risks associated with their dignity, privacy and respect being upheld. Regulation 10 (1) &(2)(a)

The enforcement action we took:

This will be reported upon at a later stage when our action has been completed.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

People were not protected against the risks associated with a lack of consent, application of the Mental Capacity Act 2005 and associated code of practice. Regulation 11.

The enforcement action we took:

This will be reported upon at a later stage when our action has been completed.

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

Enforcement actions

People not protected against the risks associated with unsafe and inadequate assessment of and action to reduce identified risks. Regulation 12 (1)&(2)(a)&(b).

The enforcement action we took:

This will be reported upon at a later stage when our action has been completed.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

People were not protected from the risk associated with not having proper and safe management of medicines. Regulation 12 (2)(g).

The enforcement action we took:

This will be reported upon at a later stage when our action has been completed.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

People have not been protected from the risks associated with having premises that are not properly maintained. Regulation 15 (1)(e).

The enforcement action we took:

This will be reported upon at a later stage when our action has been completed.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services were not protected against the risks associated with unsafe and inadequate monitoring and assessment of the quality of the service provided. regulation 17(1)(2)(a)&(2)(f).

The enforcement action we took:

This will be reported upon at a later stage when our action has been completed.

This section is primarily information for the provider

Enforcement actions

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People who use services were not protected against the risks associated with the inadequate number of staff available to meet their care needs and to keep them safe. Regulation 18(1).

The enforcement action we took:

This will be reported upon at a later stage when our action has been completed.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People were not protected against the risks associated with the inadequate provision of training and supervision for staff members to ensure people's health and care needs were properly met. Regulation 18 (2)(a).

The enforcement action we took:

This will be reported upon at a later stage when our action has been completed.