

Real Life Options

Real Life Options - 58 Ormesby Road

Inspection report

58 Ormesby Road
Middlesbrough TS6 0HS
Tel: 01642
Website: www.reallifeoptions.org.uk

Date of inspection visit: 9th February 2015
Date of publication: 20/04/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Inadequate



Overall summary

The inspection visit took place on the 9th February 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

We last inspected the service on 26 November 2013 and found the service was not in breach of any regulations at that time.

58 Ormesby Road provides care and support for up to six people who live with a learning disability. There were six

people living at the service at the time of our inspection. The home does not provide nursing care. The detached house is situated in North Ormesby, close to all amenities and transport links.

There is a registered manager in post, although they manage additional services run by the provider so are not at Ormesby Road full-time. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered

Summary of findings

persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. On the day of our inspection the registered manager was at the service.

One person told us; "I like it here" when we spoke with them but other people using the service were not able to communicate with us so we observed staff interaction with them which was positive and caring.

We observed that people were encouraged to participate in activities that were meaningful to them. For example, one person had been out bowling with a support worker. We observed a good handover between staff members both before and after the activity so that staff were aware of whether this person had enjoyed the activity or not.

The registered manager told us that everyone at the service had an application for a Deprivation of Liberty Safeguard with the authorising body but there was no documentation to confirm if these had been approved or not at this stage and there was no evidence of applications being submitted in the care files that we viewed.. We also stated to the manager that the Care Quality Commission (CQC) should have been notified of the applications being submitted.

We were told that staff were recruited safely and were given appropriate training before they commenced employment. Some records from the provider's Human Resources department could not be located in staff files as to their suitability to commence employment. We had to verify this information after the inspection with staff from the HR division. Staff had also received more specific training in managing the needs of people who used the service such as the management of epilepsy and positively supporting people when they displayed behaviour that challenged. Training records were not complete which meant that a record of exactly what training staff had completed at the service were not available.

There were sufficient staff on duty to meet the needs of the people and the staff team were supportive of the registered manager and of each other. Medicines were also stored and administered in a safe manner.

There was a programme of staff supervision in place and records of these were detailed and showed the home worked with staff to identify and support their personal and professional development.

We saw people's care plans were person centred and had been well assessed. The home had developed care plans and communication aids to help people be involved in how they wanted their care and support to be delivered. We saw people were being given choices and encouraged to take part in all aspects of day to day life at the home, from going to day services to helping to make their lunch. One person had very recently transitioned into the home and we saw this had been planned and assessed so it was as smooth as possible.

The service encouraged people to maintain their independence. People were supported to be involved in the local community as much as possible and were supported to independently use public transport and accessing regular facilities such as the local G.P, shops and leisure facilities.

Although there were regular medicines audits there was not a system in place for checking the quality and safety of the service being provided. Policies were not up to date and the last quality check on the service had been carried out in August 2014 and there was no record of any actions required or completed after this check.

Records within the service that related to incomplete staff recruitment files, policies being out of date, training records not reflecting what had been provided and aspects of person centred review action plans not being carried forward into care plan for monitoring and other documents such as cleaning charts not being fully completed meant that the service was not keeping records up to date.

We saw a regular programme of staff meetings where issues were shared and raised and staff told us they were able to raise comments on where the service could improve. The service had an easy read complaints procedure and staff told us how they could recognise if someone was unhappy. This showed the service listened to the views of people.

We found the provider was breaching a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we took at the back of the full version of this report.

Summary of findings

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There were sufficient staff on duty to meet the needs of the people and the staff team were supportive of the registered manager and of each other. Medicines were also stored and administered in a safe manner.

There was a programme of staff supervision in place and records of these were detailed and showed the home worked with staff to identify and support their personal and professional development.

We saw people's care plans were person centred and had been well assessed. The home had developed care plans and communication aids to help people be involved in how they wanted their care and support to be delivered. We saw people were being given choices and encouraged to take part in all aspects of day to day life at the home, from going to day services to helping to make their lunch. One person had very recently transitioned into the home and we saw this had been planned and assessed so it was as smooth as possible.

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were able to raise comments on where the service could improve. The service had an easy read complaints procedure and staff told us how they could recognise if someone was unhappy. This showed the service listened to the views of people.

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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?

This service was not always safe.

We were told staff were recruited safely and given training to meet the needs of the people living at the home, although records were not always in place to confirm this. Checks on emergency equipment and fire drills were not consistent and health and safety cleaning checks located in the kitchen were not always completed.

Staff knew how to recognise and report abuse. Staffing levels were good and were built around the needs of the people who used the service.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow.

Staff knew how to respond to emergency situations.

Some issues relating to the safety of food were found in terms of labelling were raised with the registered manager.

Requires improvement



Is the service effective?

This service was not always effective.

People were enabled to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

Staff received training and development, but records held in relation to this were not up to date. Staff did receive regular supervision and support. This helped to ensure people were cared for by knowledgeable and competent staff.

Staff we spoke with at the service were aware of the Deprivation of Liberty Safeguards (DoLS) but records did not reflect whether they should be in place for anyone at the service.

Requires improvement



Is the service caring?

This service was caring.

The home demonstrated support and care specific to people's individual needs.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs.

Good



Summary of findings

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Is the service responsive?

This service was responsive.

People's care plans were written from the point of view of the person who received the service. Care plans described how people wanted to be communicated with and supported. Some documentation in relation to people's care required further work.

The service provided a choice of activities based on individual need and people had one to one time with staff to access community activities of their choice.

There was a clear complaints procedure available in easy read format. Staff stated the registered manager was approachable and would listen and act on any concerns.

Good



Is the service well-led?

This service was not always well-led.

There were no effective systems in place to monitor and improve the quality of the service provided. There was not a clear system of checks to review the quality of the service. Policies were mainly out of date.

Staff said they could raise any issues with the registered manager and staff meetings were held regularly.

Inadequate



Real Life Options - 58 Ormesby Road

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.

The inspection visit took place on 9 February 2015. Our visit was unannounced and the inspection team consisted of one adult social care inspector.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

At our visit to the service we focussed spending time with three people who were in the service at the time, all of whom had communication difficulties, speaking with staff, and observing how people were cared for. We reviewed the care plans for three people to check their care records matched with what staff told us about their care needs.

During our inspection we spent time with four care staff and the registered manager. We observed care and support in communal areas. We also looked at records that related to how the service was managed, looked at staff records and looked around all areas of the home including people's bedrooms with their permission.

Is the service safe?

Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. One newly recruited member of staff told us; “People are kept safe and I know to report to the person in charge.” Another staff member said; “You immediately make the person safe, follow the company policy and advice the manager and make a referral if necessary.”

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. The staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations and told us; “I know how we get people out and that the fire doors give us 30 minutes to get out.”

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. Staff told us; “We have training and at induction about infection control.” This ensured any cross infection risk was minimised.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility. One staff told us; “Two people check the medicines in when they arrive from the pharmacy and we check the medicines again at every handover.” We did see that weekly medicines checks took place as well as checks on the temperature of the medicines room.

We checked the medicine administration records (MAR) together with receipt records and these showed us that

people received their medicines correctly. Staff could explain to us what each medicine was used for and they said they supported people by informing them what their medicines were for. We recommended that, in line with National Institute of Clinical Excellence (NICE) guidance, any handwritten medicine administration records (MAR) should be double signed by two members of staff and staff told us they would implement this practice straight away.

All staff had been trained and were responsible for the administration of medicines to people who used the service. Policies were in place for medicines and these were specific including a protocol for each person who used the service around how they needed support for any ‘as and when required’ medicines.

We were told that staffing levels were organised according to the needs of the service. We saw the rotas provided flexibility and staff were on duty during the day to enable people to access community activities. This meant there were enough staff to support the needs of the people using the service. Staff told us; “We have a good bank of staff to assist with cover.”

We were told that recruitment processes and the relevant checks were in place to ensure staff were safe to work at the service. We were told that the provider’s main office undertook all recruitment checks and we contacted them after the inspection visit. They explained the process to us of carrying out reference checks and checks to ensure people were safe to work with vulnerable adults, called a Disclosure and Barring Check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults. The main office told us that the home should have a two page form in place for each newly recruited staff member to confirm that these checks had taken place but we didn’t see evidence of these forms at the service.

The home had an induction in place which included an induction to the home and environment and a formal induction programme. We saw that during induction, staff completed the following training modules; moving and handling, first aid, and supporting people with a learning

Is the service safe?

disability. One newly recruited staff member told us; “I have got three training courses this week and I have been doing shadow shifts. I have been here three weeks and I am really enjoying it.”

Risk assessments had been completed for people in areas such as risks associated with going out into the community. The risk assessments we saw had been signed to confirm they had been reviewed.

We looked at records for fire alarm tests and monthly fire equipment and drills. We saw that equipment checks had been carried out in October 2014 and the last fire drill in June 2014. We saw that the last emergency lighting was last tested on 5 November 2014 and records showed this was overdue. The fire alarm record showed it was due to be

checked on 21 January 2015 but this was not signed as completed and there were no further checks. The home had a fire risk assessment that was reviewed in October 2014.

We saw in the kitchen, that cleaning rotas were not always completed and there was a health and safety checklist stating it should be completed every three months and this was not completed. Although the home appeared clean and safe, the fact that records were not up to date meant that people could be at risk of an unsafe environment, unsafe fire safety equipment and unsafe practices. This was a breach of Regulation 17 HSCA (RA) Regulations 2014 Good governance.

Is the service effective?

Our findings

We viewed a sample of care records and saw documentation that showed us people's needs were assessed before they moved into the home. We also saw people's care was reviewed on a monthly basis and if people's health needs changed, referrals were made to other health professionals to ensure people's needs were met.

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us that everyone at the service had an application with the authorising body but there was no documentation back and there was no evidence of applications being submitted in the care files that we viewed. We also stated to the manager that CQC should be notified of the applications being authorised. Staff we spoke with were knowledgeable about the legislation and ensuring that people's rights were protected. Staff told us they had used an assessment for one person with issues around money but that their support plans needed updating with this information. We also saw that best interest decisions for people had not yet been made. This was a breach of Regulation 11 HSCA (RA) Regulations 2014 Need for consent.

We looked at the training and supervision records of three staff members. The records showed in the last 12 months one had received training in first aid, moving and handling and Mental Capacity Act and one person had Team TEACCH an approach to managing behaviour that may challenge. One person's training records had no entries for the last 12 months although there were seven supervisions and an appraisal recorded. Other staff also had regular supervisions and appraisals. One senior staff member told us half the staff team had been trained in a specific medicine administration technique the previous week and the rest of the staff were completing this the week after, however records were not in place to confirm this

Staff told us they met together on a regular basis. We saw minutes from regular staff meetings, which showed that topics such as day to day running of the home, training,

medicines, and any health and safety issues were discussed. Staff told us; "We meet monthly and talk about the running of the home we also discuss all the people who live here."

Each person had a keyworker at the home who helped them maintain their care plan, liaise with relatives and friends and support the person to attend activities of their choice.

The home had a domestic kitchen and dining area. The menus showed a hot meal was available twice a day and there were choices at all mealtimes. We saw that menus had been developed using photographs and symbols to help people recognise the choices they could make.

The menu was planned with the staff team and people living at the home and as well as planning and cooking, everyone also helped with the food shopping. Staff also told us about people's likes and dislikes. One staff member told us; "We did some work last year on recording diets and weight, we need to make sure that as people are out often during the day that we know what they have had so we can offer alternatives. There is always plenty of food in."

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. This meant that people's nutritional needs were monitored although we noted that some people's weights had not been checked for several months. The staff team had training in basic food hygiene and in nutrition and health and we saw that the kitchen was clean and tidy. We noted most food was appropriately checked and stored although there were some food in the fridge that did not have a date of opening on it and some Yorkshire puddings in the freezer that were just wrapped in cling film with no date of when they were made or placed in there.

The registered manager told us that healthcare professionals and speech and language therapists visited and supported people who used the service regularly. We saw records of such visits to confirm that this was the case.

People were supported to have annual health checks, Health Action Plans were in place to ensure people with learning disabilities have their physical health checked on a regular basis and people were accompanied by staff to hospital appointments. Each person had a Hospital Passport, an easy read document all about them using photographs and symbols and which told other services

Is the service effective?

how people needed to be communicated with and any allergies or sensory needs although some of these were due for review. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

We saw for one person who had recently transitioned to the service had a clear plan was in place which included an assessment and a series of visits to the service so that the person was comfortable moving in and staff were fully aware of the person's needs.

Is the service caring?

Our findings

We asked staff how they would support someone's privacy and dignity. They told us about ensuring people's bedroom doors or bathrooms were kept closed and people were always asked if they needed any help with personal care. One staff told us; "It's important to let other staff know where you are so you are not interrupted if you are doing personal care for someone. It's also about thinking how you would feel if you were in the same position."

Staff told us about ensuring people had choices. One staff member said; "We always ask questions and make sure people are happy with what they have decided." Staff confirmed people were given choices about what they wanted to eat and where they went for activities. We observed this throughout the course of our visit. For example, people were politely asked what they wanted for lunch.

We observed the care between staff and people who used the service. People were treated with kindness and compassion. Staff were attentive and interacted well with people, there was lots of laughter and positive language.

Staff were aware of people's likes and dislikes. One staff told us; "We watch people to see their reactions and if needs be move somebody out of the environment if it not positive for them."

People were encouraged and supported to maintain and build relationships with their friends and family. There were no restrictions placed on visitors to the home and people who used the service went to visit their relatives regularly. Staff told us; "We support people to visit their families at home."

Staff told us that keyworkers reviewed support plans on a monthly basis with the person and checked whether people were happy with the care and support they received. We saw this was recorded by staff using either the person's own comments or the staff view of how the person was feeling.

We saw a daily record was kept of each person's care. They also showed staff had been supporting people with their care and support as written in their care plans. In addition, the records confirmed people were attending health care appointments such as with their GP and dentist.

Is the service responsive?

Our findings

There was a policy and procedure in place for recording any complaints, concerns or compliments. The complaints policy also provided information about the external agencies which people could contact if they preferred. We saw there had been one complaint from a family member that had been addressed and recorded appropriately. Staff told us; “Service users and families have copies of the formal process and the manager will talk to anyone at any time.”

We looked at care plans for three people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Individual choices and decisions were documented in the care plans and they were reviewed monthly. One staff member told us; “They are written with the person at the centre of them, we don't want to lose any information about people.”

The care files we looked at were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. We saw that a document called “Talk Time” which was a monthly review by a keyworker was being not being completed consistently by all staff. We asked about this and one staff told us; “It doesn't work as it's too repetitive and lengthy”. We fed this back to the manager and suggested this document be reviewed so it worked for people and for staff.

We looked at three care plans for people who lived at Ormesby Road. They were all set out in a similar way and contained information under different headings such as a one page profile (a summary of how best to support

someone), a key information sheet, what support needs people had and what people's goals and future aspirations were. We saw information included a life story and the care plan was written with the person. This showed that people received care and support in the way in which they wanted it to be provided. There were strategies for staff to follow if people became anxious. For example we saw that one person was working with an IPAD to use Makaton signs and photographs to reduce their anxieties and this was clearly recorded in their care plan.

Staff demonstrated they knew people well. Talking to staff, they told us about everyone currently living at the service and what was important to them. We asked staff about promoting people's independence and they explained that they offered shadow support to encourage people and they sometimes stood back to see if people could manage independently and only to intervene if they struggled with the task in anyway. Staff said that they sometimes used “hand over hand” physical prompts to support people. One staff member said; “We try to get people doing housekeeping tasks such as making their bed with hand over hand support.”

On the day of our inspection, one person was out at their day service placement. Another person went out with into the community bowling and two other people at the service were going swimming and to a local tea dance. We also saw people helping staff with day to day tasks such as making a drink. Staff told us they worked flexible shifts to ensure people got to activities. Staff also said; “We have really focussed on getting the right activities and support for people and so it's really busy during the week with people here, there and everywhere” Another staff member said; “People are doing more meaningful stuff for them during the day.”

Is the service well-led?

Our findings

We looked at policies within the service and found that many were out of date, the quality assurance policy had not been reviewed since 2010 and the Deprivation of Liberty Safeguards policy was dated May 2007. All policies in relation to Health and Safety were also out of date. The last quality improvement report was carried out in August 2014. There was no evidence of any of the actions identified in this report being completed so there was not a consistent way of assessing and monitoring the quality of service provision at Ormesby Road. There were surveys or mechanisms for seeking the views of people who used the service or from their relatives. This was a breach of Regulation 17 HSCA (RA) Regulations 2014 Good governance.

Other records at the service were not adequately maintained and these included staff training and recruitment records and some records in relation to people using the service such as Deprivation of Liberty Safeguards (DoLS) records, keyworker reports and weight charts. This was a breach of Regulation 17 HSCA (RA) Regulations 2014 Good governance. One senior staff told us; “The service is so busy things don’t ways get done, we have the culture of the service users coming first.”

We had not received notification of DoLS authorisation requests being submitted and authorised. This was a breach of Regulation 17 HSCA (RA) Regulations 2014 Good governance.

The home had a registered manager, who managed several services for the provider so they were not based at Ormesby Road full-time. They did visit the service regularly and senior staff we spoke with said they were; “Very open and supportive.” The staff we spoke with said they felt the registered manager was supportive and approachable. One staff said; “The service users come first and I admire him for that.” One new staff member told us; “I don’t panic about anything here, the staff have been brilliant. I have ever felt I can’t go to someone.”

Staff told us that morale and the atmosphere in the home was good and that they were kept informed about matters that affected the service. One staff member said; “Everybody does their best for the people we support.” Staff told us that staff meetings took place regularly and that they were encouraged to share their views and to put forwards any improvements they thought the service could make. We saw minutes that showed meetings were held monthly and a range of topics discussed including the welfare of people who lived at Ormesby Road. The manager also told us that changes were being planned to look at the long term future of Ormesby Road and to plan environmental changes as people’s mobility needs may increase.

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 11 HSCA (RA) Regulations 2014 Need for consent

How the regulation was not being met:

The registered person must have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The registered person must notify the Commission without delay of the incidents specified in paragraph 4A of the regulation in relation to a request to a supervisory body for standard authorisation under the 2005 Mental Capacity Act.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to

(a) regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of these Regulations;

This section is primarily information for the provider

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Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of—

- (a) an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user; and
- (b) such other records as are appropriate in relation to –
 - (i) persons employed for the purposes of carrying on the regulated activity, and
 - (ii) the management of the regulated activity.