

Deepdene Care Norton Street

Inspection report

28 Norton Street
Old Trafford
Manchester
M16 7GQ
Tel: 0161 226 2979
Website: www.deepdenecare.org

Date of inspection visit: 29th July 2014
Date of publication: 07/09/2015

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?

Good 

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and took place on 29 and 30 July 2014. The inspection was carried out by a lead inspector, an expert by experience and a specialist advisor. Experts by Experience are people who have

personal experience of using or caring for someone who use this type of care service. Specialist advisors have up-to date knowledge and experience in their specialist area.

The last inspection was carried out on 22 August 2013. At that inspection no regulatory breaches were identified.

Norton Street is registered to provide personal care and accommodation for 30 adults with enduring mental ill health. Accommodation is provided in 7 terraced houses in the Old Trafford area of South Manchester. The service is situated close to local shops and transport networks

Summary of findings

into Manchester and surrounding areas. At the time of our inspection there were 17 people residing at Norton Street supported during the day by four support workers, the deputy manager and the registered manager. Overnight people were supported by two members of staff on duty at the home and they were supported by a manager who was on call if required.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The registered manager was aware of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom.

We saw properties that were in need of redecoration, refurbishment and repair. The registered manager told us there was an ongoing programme of re-decoration and refurbishment of the seven houses. Works had not been prioritised by risk or suitability and cleanliness. The issues we identified breached Regulation 15 (Safety and suitability of premises); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is because the provider had failed to ensure adequate maintenance of the premises where people were accommodated. You can see what action we have told the provider to take at the back of the full version of the report.

We spoke with health professionals who visited the home on a regular basis and received positive comments. One health professional told us: "Requests for visits are appropriate and made in a timely manner."

We spoke with people who lived at the home who told us: "They (staff) are nice." "I think the staff are really good they have helped me a lot." "I can do whatever I like, if I want to go for a walk I can do. I prefer to stay where I am."

We saw the provider had taken action to raise staff awareness of safeguarding issues by providing training. The training plan showed staff had received training relating to safeguarding vulnerable adults.

We found that medication arrangements were safe. Some people told us they managed their own medication and these were securely stored in their bedrooms. Support plans included an assessment of the person's needs for support with any medicines they were prescribed.

Support plans showed that people had access to their GP and other health and social care professionals such as; psychiatrists, a dietician, district nurses, social workers and community psychiatric nurses (CPN). This showed us that people were supported by staff to maintain their health and wellbeing. People gave mixed opinions about the level of involvement they had with their support plans.

We found support plans provided information about the persons' mental ill health diagnosis but medical conditions such as diabetes were not clearly recorded. These concerns are a breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records. The provider did not keep an accurate record in relation to the care and treatment of each service user. Regulation 20 (1) (a). You can see what action we have asked the provider to take at the back of the full version of the report.

We looked at a sample of two staff recruitment files. We saw security checks were carried out before staff were employed at the home. This included; written references from previous employers and a disclosure and barring service (DBS) check. This was to ensure staff were safe to work with vulnerable people.

We spent time observing staff interactions with people who lived at the home. We saw staff were respectful and understanding. Staff supported people to take part in activities in the local community.

We spoke with four members of staff who told us they felt they received enough training. Staff told us: "There is plenty of training, we get a training matrix sent out that is open to all staff."

All the support plans we looked at had been signed by the person to whom they belonged. The registered manager told us support plans were reviewed monthly or more frequently if the person's needs changed. Health and social care professionals we spoke with told us they were involved in the review process for their client.

Summary of findings

The registered manager was sending statutory notifications to CQC, which is a regulatory requirement.

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?

Some aspects of the premises were not safe. We found there was a loose window pane that posed a risk to people using and visiting the service. Carpets were visibly dirty and odorous.

Staff knew how to recognise and respond to abuse correctly. Staff were recruited safely. Risks to people were well managed and medicines were handled safely.

The registered manager had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff at received training in this area and the registered manager was aware of the procedure for submitting an application to the local authority.

Requires Improvement



Is the service effective?

Some aspects of the service were not effective. We found support plans provided information about the persons' mental ill health diagnosis but medical conditions such as chronic obstructive pulmonary disease (COPD) and diabetes were not clearly recorded.

We spoke with staff who told us they had attended various training courses including mandatory health and safety training, infection prevention and control, food hygiene, DoLS and safeguarding. Staff told us they had an annual appraisal and received on the job and one-to-one supervision to support them in their role.

The people we spoke with told us they felt able to discuss their health care needs with staff. One person told us: "They know me and I can talk to them about anything." We spoke with health care professionals who told us: "They (staff) are good at identifying when (my patient's) health is deteriorating and they take appropriate action."

Requires Improvement



Is the service caring?

We spent time in the lounge and kitchen areas observing the interactions between people who lived at the home and staff. We saw staff were respectful and caring and took time to listen to people. There was light-hearted banter between staff and the people they supported.

The people we spoke with told us the staff gave them all the support they needed. Comments included: "They (staff) are nice." "I think the staff are really good they have helped me a lot." "I can do what I want really, I have my own medicine and they (staff) check them every Friday." "I can talk to them (staff)."

Good



Summary of findings

Is the service responsive?

We spoke with people who told us they knew who to raise concerns with. Comments included: "I would tell (the registered manager) she would sort it for me." There was a quality assurance system in place in the form of a questionnaire. People told us: "I feel I can be honest."

We saw evidence support plans were being reviewed on a regular basis. The health and social care professionals we spoke with confirmed they attended review meetings.

The people we spoke with told us they were able to maintain contact with family and friends. Comments included: "I see my (family) and I can talk to them on the phone." "I go out to the centre for a coffee and chat." "We have house meetings and they ask what we would like to do."

The people we spoke with told us how the registered manager and staff encouraged them to be part of the community. This included using local shops and the community centre.

Good



Is the service well-led?

There was a manager in post who was registered with CQC. We saw the people who lived at the home knew who the registered manager was and we saw people speaking with her during our inspection.

We spoke with staff who gave positive comments about the manager and told us they had begun to see improvements in the service. Comments included: "There have been changes to the staff rota and this has had a positive outcome for people, they know who will be working in the houses each day." Staff told us they felt confident they could raise concerns and would be supported by the registered manager.

The registered manager told us they were developing a system of audits that included medication, care plans, infection control and the environment. There was a business continuity plan in place in the event of an emergency such as a fire or loss of gas or electricity supply.

Good



Norton Street

Detailed findings

Background to this inspection

We visited the home on 29 and 30 July 2014. We looked at the houses where people were accommodated including the kitchens, bathrooms and with permission people's bedrooms. We reviewed some records including four people's support plans and maintenance records.

The inspection was unannounced and the inspection team consisted of a lead inspector, an expert by experience in mental health and a specialist mental health advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The last inspection was carried out on 19 August 2013 when the service was judged to be compliant with all of the outcomes inspected.

Before our inspection we reviewed information we held about the home. We examined notifications received by the Care Quality Commission and we contacted commissioners of the service to obtain their views about the service.

We spent time speaking to 12 of the people who lived at the home and four support staff. We looked around the home, looked at four people's support plans and reviewed maintenance records.

We contacted social workers/care coordinators, occupational therapists, district nurses and general practitioners to gain their views of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

We visited each of the seven houses. We saw a rear bedroom window in number 13 was partially boarded on the inside. When we asked about this the registered manager told us the larger window pane had become unstable and moved when the small transom window opened and closed. This had the potential; should the glass break; to cause harm to people in the room and/or in the yard below. On the second day of our inspection the registered manager told us they had received a quote to replace the windows and this would be done as a matter of priority.

We had received concerns about the standards of hygiene at the home and the quality of the beds provided. We asked people if we could look at their beds and saw the majority of mattresses were in good condition. We saw a metal framed bed used by one person was in poor condition and had a thin poor quality mattress. The registered manager told us this would be changed when the property was refurbished. No definite date was provided for when this would be done.

We saw the carpets in house numbers 13 and 17 were very badly stained and sticky underfoot and there was a strong stale odour throughout both houses. We discussed this with the registered manager who told us these two properties were going to be the last to be refurbished and this would address the issues we found. The registered manager told us house number 13 was being used to house people whilst their own accommodation was being refurbished. The registered manager told us people were in the process of being moved from number 17 and this property would no longer be used. Housing people in these properties did not promote the human rights related values of respect, dignity or equality. The issues we identified breached Regulation 15 (Safety and suitability of premises); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is because the provider had failed to ensure adequate maintenance of the premises where people were accommodated. You can see what action we have told the provider to take at the back of the full version of the report.

Each house had a small yard where people could sit out in the nice weather. The garden bench outside number 15 was damaged and posed a potential risk of injury to people sitting on it.

We spoke with people about the support they received from staff. People told us the staff were nice and they felt safe living at the home. Comments included: "The staff help me." "They (staff) make me feel safe here." "They (staff) help me with hospital appointments."

We saw the provider had taken action to raise staff awareness of safeguarding issues by providing training. The training plan showed staff had received training relating to safeguarding vulnerable adults. We spoke with support staff who were able to describe the various types of abuse and the action they would take if they suspected a person was being abused. Staff told us they believed the registered manager and the organisation would support them and take appropriate action to refer any concerns to the local authority safeguarding team. Comments included: "I would report my concerns to the registered manager or deputy manager and they would record the information and refer to safeguarding." "I would raise a safeguarding with the manager on call if it involved the manager I would pass my concerns to the contact centre at Manchester council." "I have made referrals in the past and would ring the safeguarding referral team and notify CQC." The staff we spoke with were aware of their role and responsibilities to report concerns about their organisation in line with the organisations whistleblowing policy and procedure. Staff told us: "I would not hesitate to say if I thought something was wrong."

We found that medication arrangements were safe. Some people told us they managed their own medication and these were securely stored in their bedrooms. Support plans included an assessment of the person's needs for support with any medicines they were prescribed. We saw documentary evidence to show staff had been trained in the safe handling, administration and disposal of medicines. We found medicines were being stored safely and records showed that where staff were administering medicines to people this was done in line with their doctor's instructions. The registered manager told us they carried out an audit of the medication systems. We reviewed the medicines audit reports that showed the registered manager had checked supplies of medicines, storage and that people took their medicines as prescribed. We spoke with a GP who told us: "I am confident staff comply with my instructions."

We spoke with a health professional who visited the home regularly. They told us the home supported people who

Is the service safe?

have a high level of needs that can be challenging. They told us the staff responded to such challenges in a professional manner and were able to de-escalate a situation in a way that calmed people. Staff told us they had received training in how to work with people whose behaviour challenged the service.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. These safeguards protect the rights of adults using services by making sure any restrictions on their freedom and liberty are assessed by appropriately trained professionals. The registered manager told us none of the people who lived in the home were being deprived of their liberty.

The registered manager told us they were aware of the judgement made by the Supreme Court in March 2014 regarding depriving people of their liberties.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS) and told us that people living at the home had been assessed as having the capacity to make their own decisions in line with the Mental Capacity Act 2005.

We looked at a sample of two staff recruitment files. We saw security checks were carried out before staff were employed at the home. Files contained a completed application form with details of the applicant's education and employment history, written references from previous employers and a disclosure and barring service (DBS) check. This was to ensure staff were safe to work with vulnerable people.

At the time of our inspection there were 17 people residing at Norton Street supported during the day by four support workers, the deputy manager and the registered manager. Overnight people were supported by two members of staff on duty at the home and there was a manager on call if required. The registered manager told us staffing levels were based on the needs of the people who lived at the home. If people were in need of additional support this would be arranged.

There was a business continuity plan that outlined how the service would operate in the event of an emergency evacuation. The registered manager told us the provider owned two vacant properties and another care home close by where people could be accommodated.

Is the service effective?

Our findings

Norton street supported people with complex needs and staff worked with people to protect them from the risks associated with their mental ill health. We spoke with people who lived at the home who told us: "I have lived here for (a number) of years and I am happy here, the staff help me to go out." "They (staff) help me with doctors' appointments or if I need to go to the dentist." "I like them (staff) they are alright."

We spoke with social care professionals who told us that people's needs had been assessed before they moved into the home to make sure it was the most suitable place for them to live.

We looked at a sample of four people's support plans and found they included information about what support people needed with their personal hygiene, meals and drinks, communication, finances and community activities. Support plans were divided into sections titled; mental health, physical health, medication, activities of daily living, nutrition, and risks to self. Support plans showed that people had access to their GP and other health and social care professionals such as; psychiatrists, a dietician, district nurses, social workers and community psychiatric nurses (CPN). This showed us that people were supported by staff to maintain their health and wellbeing.

We found support plans provided information about the persons' mental ill health diagnosis but medical conditions such as diabetes were not clearly recorded.

We looked in depth at two people's support plans. It was not clear within the plans how staff would provide support people wanted if people became acutely unwell. A form named an advanced directive is used to record people's preferences in these circumstances. When we spoke with staff they could describe how and when people's mental health may deteriorate but this important information was not recorded in all support plans.

We saw one person had recently been diagnosed with chronic obstructive pulmonary disease (COPD) and emphysema. These conditions affect someone's breathing. There was no supporting information or guidance for how staff should support this person anywhere in their physical

health care plan. The support plan made reference to the person becoming unwell but gave no information about what unwell meant. This posed a potential risk of the person not receiving the care and support they needed.

One person was diabetic and tested their own blood glucose levels in the morning. There were no records of what blood glucose levels were at any other time of the day, in order to get a more rounded picture of the person's diabetes control. The person's records did not hold the information around annual tests to monitor diabetes safely. Nor was there any evidence to support the person with safely administering their daily insulin injection. The person's support plan did not contain a list of medication that was prescribed, as seen on medication administration record (MAR). The support plan failed to guide practice around the administration of medication, especially insulin.

In one support plan the only indication that the person was diabetic were letters for diabetic eye screening. We did not see any guidance for staff on how often blood glucose levels should be monitored, there was no information about what action should be taken for low glucose levels (hypoglycaemia) or high blood glucose levels (hyperglycaemia). The physical health section of another person's support plan stated the person had diabetes. The care plan did not reference how the person's diabetes was managed. These concerns are a breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records. The provider did not keep an accurate record in relation to the care and treatment of each service user. Regulation 20 (1) (a). You can see what action we have asked the provider to take at the back of the full version of the report.

The people we spoke with told us their needs and preferences were discussed with them when they went to live at Norton Street. People told us they were encouraged to make decisions and choices in relation to daily activities. Comments included: "They sat with me and talked about what I need." "The staff asked me what I liked to do."

We spoke with support staff who told us they had completed an induction when they started working at the home.

We spoke with staff about the training they received to support them in their role. In addition to

Mandatory health and safety training, staff were offered training relevant to the needs of the people who lived at

Is the service effective?

Norton Street. This included: infection control, food hygiene, Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), First aid and alcohol and substance misuse. In addition a number of staff had completed National Vocational Qualifications (NVQ). This meant that staff had the skills and knowledge they needed to support people. The staff we spoke with told us: "I have done quite a bit of training since being at Norton Street."

We spoke with four members of staff who told us they felt they received enough training. Staff told us: "There is plenty of training, we get a training matrix sent out that is open to

all staff." "I have attended training in privacy, dignity and respect." We looked at a sample of staff training records that confirmed staff had received training in relation to; privacy, dignity and respect.

The staff we spoke with told us they had the opportunity to discuss their professional development during supervision with their line manager. In addition staff received an annual appraisal.

The registered manager told us they had worked with two people who were now ready to move to their own flats and live independently. We spoke with one of these people who told us: "They have helped me a lot." "The staff are helping me bid for my own flat."

Is the service caring?

Our findings

We received information of concern regarding the manner in which staff spoke to people who lived at the home.

During our observations we found the staff approached people with respect and were caring. The people we spoke with gave positive comments about the caring attitude of the staff. We asked people how they were treated by staff and they told us: “They are very good to me, they help me a lot.” “I have all the help I need so I am okay.” “You can talk to them they are alright.” “They don’t tell you what to do.” “There is a menu in the kitchen and the staff cook for me.” “We don’t have enough puddings.” “They treat me with respect.”

We identified the conditions of some of the properties people lived at did not respect people’s dignity. The registered manager acknowledged that two of the properties were in need of remedial work and they would discuss the issues raised with senior managers. On the second day of our inspection the registered manager had responded to our concerns and obtained quotes to replace windows in number 13.

We spoke with a GP who told us: “They (staff) are quick to respond if (a patient) needs medical attention.” “Requests for appointments or visits are made in a timely manner.” “I am able to see people in private.” “The staff follow my instructions in relation to treatment.” “I have never seen any abusive practice and if I had I would report it.” “On the whole I think this is a very good service.”

We spent time observing staff interactions with people who lived at the home. We saw staff were respectful and understanding. Staff supported people to take part in activities in the local community. We spoke with staff that had a clear understanding of people’s support needs and preferences. We observed staff speaking to people in a respectful manner and offering people choices. There was a good rapport between the people who lived at the home and the staff who supported them. We observed staff knocking on bedroom doors and waiting to be invited in.

The people we spoke with told us they knew which staff would be on duty supporting them. Comments included: “I used to have to ask every day that was on next but it is one person all day now so it is better.”

We received some positive comments about the staff and about the care that people received from health care professionals who visited the home. Comments included: “I have been pleased with the care input that my client has received at Norton Street.” “There is the support that he/she needs to minimise risks and self-neglect.”

The people we spoke with told us they had an assessment carried out by health and social care professionals before they moved to Norton Street. Most people told us they had been involved in planning their support. One person told us they had not been involved in planning their support. All the support plans we looked at had been signed by the person to whom they belonged. The registered manager told us support plans were reviewed monthly or more frequently if the person’s needs changed. Health and social care professionals we spoke with told us they were involved in the review process for their client.

The registered manager told us about their plans to introduce the ‘recovery star’ in the near future. This is a plan that aims to empower and motivate people to achieve recovery and promote independence. One person we spoke with told us how the staff had supported them to move on to living more independently by helping them bid for a flat with the council.

The social care professionals we spoke with told us they had no concerns with the support provided at the home. Comments included: “The manager and deputy manager are proactive and keep in regular contact.” “One of the people I am involved with has had a recent deterioration and this has been well managed by the staff.” “There is a consistent staff group and they have good links with the GP’s.” “I have no concerns at all they keep me informed of any changes.” “I visited the home recently for a review and saw nothing to raise concerns.”

We saw that policies were available which provided guidance to the staff in relation to rights, privacy, dignity, respect and equality.

Is the service responsive?

Our findings

We saw someone who was reluctant to allow staff to support them with personal care which could pose a risk to their skin integrity (pressure ulcers). One person was reluctant to accept medical investigations or intervention for a physical health condition that restricted their mobility and posed a risk of falls. The home had completed mental capacity assessments as required. When these assessments had identified someone lacked the capacity to make appropriate and safe decisions about their person care or medical interventions the home took suitable steps. We spoke with a mental health professional involved who told us they were waiting for a nursing assessment to determine whether a nursing home would be the most appropriate place to meet one person's health and care needs. This showed the service recognised when they were not able to meet care needs, and responded to this by seeking additional support.

We looked at a sample of people's support plans and saw they contained a personal profile that included preferences and interests. Plans included risk assessments and risk management strategies for people at risk of a relapse and deterioration in their mental health. We found this information could be more beneficial if it included more specific and individual detail.

We saw that the staff kept a daily record of the support they gave to people. The records were completed at the end of each shift. We looked at the daily records of support and found that they were up to date with a summary of any

interventions and a record of any activities. The registered manager told us the daily records of care were monitored and helped to identify when a persons' mental health was deteriorating.

Most of the people we spoke with told us house meetings were held and they were asked their opinion about the service they received. We saw documentary evidence in the form of meeting minutes that confirmed meetings were taking place; however there was not much evidence in the minutes to show that people were encouraged to raise issues and opinions.

We saw the minutes of one house meeting where a trip to Blackpool had been discussed and the registered manager confirmed the trip had been booked. During our inspection we observed people listening to the radio, chatting to other people or watching television. The atmosphere was calm and relaxed. People were supported to take part in a range of leisure based and social activities to minimise the risks of social isolation. For example; one person liked to go to the local community centre others preferred to go shopping or to the bookies to follow the horse racing.

We saw there was a complaint policy that was given to people on admission to the home. People told us they would speak to the registered manager if they were unhappy. The people we spoke with told us they thought the registered manager or deputy manager would take action to address their concerns. The registered manager showed us the complaint log. There had been no formal complaints but the registered manager told us they would record the detail of the complaint, the investigation and the outcome.

Is the service well-led?

Our findings

The registered manager has been in post since February 2014. There was also a deputy manager and there was always at least one of them available for staff to contact. Leadership was visible and effective at all levels and staff had clear lines of accountability for their role and responsibilities.

There was evidence to show the registered manager was implementing some organisational changes with the involvement and consultation of people living at the service and the staff team. For example, one staff member told us, "There have been some positive changes recently." Another said, "If there are any changes we are told straight away." This was further evidenced within the minutes of the monthly staff meetings. For example, the July 2014 meeting noted that there would be an appraisal system in place for all staff every six months, and that supervision would now be every six weeks for everyone. There was evidence of an inclusive management style with staff being encouraged to put agenda items forward for meetings.

There was a training plan in place, the registered manager monitored staff training needs and identified gaps in learning through supervision. Staff told us the registered manager had an open door policy and encouraged them to go on training courses. Staff told us they were well supported by the registered manager and deputy manager and there was always someone to talk to if they had any issues or concerns.

We spoke with staff about the support they received from the registered manager. Comments included: "There is an

open door policy so we can speak to one of the managers at any time if we need to." "Supervision is okay, it is quite structured." "In supervision we discuss personal development, how people are and any concerns about safeguarding." "I am very well supported; I have regular supervision and have informal chats with (the registered manager)."

Incidents and accidents were recorded monitored and investigated. This demonstrated that the provider learned from such incidents and took action to minimise the risk of them happening again.

We spoke with two social care professionals who told us: "We don't get hassled with issues you would expect a manager to be able to deal with." "The (registered manager) is proactive and we have regular contact with them.)"

The registered manager spoke about the challenges they had experienced in changing the staff rota so there were fewer staff changes throughout the day giving people more consistency. The registered manager and the staff we spoke about their role in promoting the values and objectives of the service. Staff spoke about the importance of people having positive experiences by taking part in local community activities such as the community centre.

We saw that people's records were kept securely in the office and could be accessed quickly when needed. The registered manager and deputy manager carried out a system of audits each month. These included; medication management, staff training, recruitment and the environment.

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 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 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

15 (1)(c) People were not protected against the risks associated with unsafe or unsuitable premises by means of adequate maintenance and the proper use of Surrounding grounds.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

20 (1) (a) The provider did not keep an accurate record in relation to the care and treatment of each service user.