

Alston Lodge Residential Home Limited

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Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Alston Lodge Residential Home Limited is a care home that was providing personal care and accommodation to 13 people aged 55 and over at the time of the inspection. The service can support up to 16 people some who may be living with dementia, physical or mental health needs.

People's experience of using this service

People and their relatives told us that they received safe care and treatment. They spoke positively about the care and support provided. The registered manager had reported safeguarding concerns to the local authority. However, the reporting procedures were not robust to ensure all safeguarding concerns were reported to allow independent investigations. Our findings showed improvements were required in a number of areas to ensure the care delivered was consistently safe, reliable and person-centred.

The registered manager had assessed people's needs and, in some cases, provided staff guidance on how these needs were to be met. However, this was not consistent as we found three people had no care plans and people who had experienced falls and people who received medicines covertly did not have care plans for this. This meant staff did not have adequate guidance on meeting people's needs effectively. Care records were generic and not person-centred. We made recommendation about care planning.

People did not always receive their medicines in a safe and effective manner. Practices for the management of covert medicines and 'as required' medicines were not robust. In addition, medicines storage practices and medicine records had not been managed in line with best practice and national guidance.

Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. Staff showed a motivation to deliver care in a person-centred way. However, individual risks to people and the environment had not been adequately monitored to minimise the risk of avoidable harm re-occurring. People were not adequately observed for injuries that may appear after a fall and the provider did not show how they had learned from incidents, events or near misses in the home. The registered manager and the provider had maintained the premises and any faults were timely rectified.

Staff supported people to have maximum choice and control of their lives however staff's understanding of mental capacity principles needed improvements. Consent records were signed by family members without mental capacity assessments to show why people could not consent on their own. Some authorisations for restrictions on people's liberties had been considered or applied for where required. However, we found up to four people who required applications for authorisation did not have this in place. The registered manager took action after our inspection.

Staff had received a range of training and support to enable them to carry out their role safely. This included the care certificate. However, staff training arrangements at the home needed to be reviewed to ensure staff were provided training by a recognised and competent training provider and to ensure training

arrangements were consistent with best practice. We made a recommendation about staff training.

Governance arrangements were in place to monitor and improve the care delivered. However, we found the audits and quality checks had not been adequately implemented to support the registered manager and the provider in identifying shortfalls.

The provider had made improvements to the staffing levels since our last inspection. They had also made improvements to ensure people were supported with meaningful day time activities.

People received support to maintain good nutrition and hydration and their healthcare needs were understood and met.

People were not adequately supported with to discuss their end of life preferences. We made a recommendation about end of life care planning.

People and family members knew how to make a complaint and they were confident about complaining should they need to. They were confident that their complaint would be listened to and acted upon quickly. Previous complaints had been dealt with appropriately.

The leadership of the service promoted a positive culture within the staff team. People, family members and staff all described the registered manager as supportive and approachable. The registered manager showed they were committed to improving the service and displayed knowledge and understanding around the importance of working closely with other agencies and healthcare professionals where needed.

Rating at last inspection

At the last inspection the service was rated requires improvement (published 11 April 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

At the last inspection the provider was in breach of regulations because they had not provided adequate numbers of staff and people were not supported with meaningful day time activities.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider is no longer in breach of these two regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the management of risks to people's health and well-being including the management of falls, safe management of medicines. We also found breaches in relation to seeking authorisations for care that involved restrictive practice. We have also made recommendations in relation to person centred care records and the environment at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. In addition, we will request an action plan from the

provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Alston Lodge Residential Home Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was conducted by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Our planning took into account information we held about the service. This included information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We obtained information from the local authority commissioners and safeguarding team. We used all this information to plan our inspection.

During the inspection, we spoke with four people who lived at the home and three family members to ask about their experience of care. We spoke with the registered manager, the owner, and three members of staff. We looked at five people's care records and a selection of other records including quality monitoring records, recruitment and training records for three staff and records of checks carried out on the premises and equipment.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection, we received further feedback through email from three relatives. We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of staff were deployed at all times. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach of regulation 18.

- There were adequate numbers of care staff to meet the needs of people living at the home. The registered provider had introduced a staff deployment tool to determine the number of staff required to safely meet people's needs and this was reviewed regularly. People and their relatives confirmed their needs were met in a timely manner and we observed people being supported without delay.
- The provider carried out recruitment checks to ensure staff were safe to work with people who use care services. However, improvements were required as we found two staff had been employed without references. The provider could not demonstrate how they ensured the two staff were of good character. The registered manager took action to review their processes and to resolve this immediately after our inspection.

We recommend that the provider seeks guidance from a reputable source on the employment of fit and proper persons and safe recruitment practices.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People's individual safety and well-being were not adequately assessed and managed to protect them from known risks. The registered manager had carried out risk assessments and identified risks to people. They had sought specialist professional guidance. However, they were no risk management plans and/or care plans to guide staff on how people were supported against ongoing risks. This included where two people had experienced multiple falls, where one person had fallen while attempting to abscond from the home and where people's behaviour posed risks to themselves and/or others.
- Staff had identified and monitored some of the risks around the home environment including risks associated with stairs. In the majority of cases there was signage to warn people of risks and orientate them. However, in one area of the home, we noted people were at risk of falling due to a set of steps which could not be easily seen. The registered manager took measures to provide signage and informed us they will be reviewing the flooring in that area to provide enough contrast for people who may have a sight impairment. This would reduce the potential risks of falling on the stairs.
- Staff had documented accidents and incidents and, where required, they had taken action to support

people to access medical attention. However, we found the procedure for monitoring people for injuries after falls were not always evidenced to show how staff had monitored people for injuries that occur following a fall.

There was a failure to assess the risks to the health and safety of service users of receiving the care or treatment. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they felt safe. Most staff were trained in safeguarding and knew what to do if they were concerned about the well-being of people who used the service. Staff had reported some safeguarding concerns in line with the local protocols, however, we found one significant incident which had not been reported. A person had left the premises without staff knowledge and had fallen and injured themselves. While we noted medical attention was sought, the matter needed to be reported as a safeguarding concern.
- There were emergency procedures for keeping people and staff safe. These included personal emergency evacuation plans. Firefighting equipment had been serviced and tested in line with manufacturer's recommendations.

Using medicines safely

- People were not adequately supported by the providers' arrangements for safe storage and proper and safe use of medicines. People who required medicines to be given covertly due to risk of medicine refusal were not adequately supported. There was no written guidance to demonstrate how the medicines were to be given covertly and how to monitor their effectiveness.
- Staff had not been provided with guidance on how to manage medicines that were prescribed 'when required'. We had previously made a recommendation for the provider to address this however improvements in this area had not been sustained.
- The stock balances we checked were correct, suggesting people received their medicines as prescribed. However, handwritten medicines administration records did not accurately reflect instructions given by the prescriber. Records of storage temperatures were not regularly monitored or recorded and boxed medicines were not always dated once opened. This increased the risk of medicines becoming ineffective from incorrect storage or being used past their expiry date. The registered manager started to take action to address the concerns above during our inspection. We have also referred them to commissioners for guidance in medicines management.

There was a failure to ensure people were supported with the proper and safe management of medicines. This was a breach of Regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The registered manager had not established protocols for identifying lessons that could be learnt following incidents or significant events such as falls, injuries or safeguarding enquires. This would allow staff to learn from events and reduce the risk of incidents re-occurring.

Preventing and controlling infection

- People were protected against the risk of infections. Care staff were provided with protective equipment such as gloves and aprons. The equipment was used appropriately which helped to protect people against risks of cross contamination. Staff had completed training in infection control and food hygiene.

Is the service effective?

Our findings

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

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

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider was not consistently working within the principles of the MCA. They had sought authorisations to deprive two people of their liberty for their own safety and conditions set for the restrictions were being met. However, the provider had not sought authorisations for a number of people whose care involved restrictive practices and were under constant supervision for their own safety. We asked the registered manager to take immediate action. They confirmed they had started to submit requests for authorisation to the local authority immediately after our inspection.
- The provider had procedures to seek people's consent in various areas of their care. However, we found in a significant number of cases relatives had been asked to sign on behalf of people living at the home without a valid reason as to why people could not consent themselves. Staff had received training in the MCA, however there was a lack of knowledge and understanding of the of the MCA principles.

There was a failure to ensure care and treatment was provided with the consent of the relevant person. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs, and choices were not always adequately assessed to assist in the completion of robust care plans. Staff had assessed and identified people's needs and choices before they started living at the home. However, the assessments were not always used to plan and guide staff on how they could best meet people's needs. Records of care showed inconsistencies in the way people's needs had been assessed.

- The registered manager had access to national guidelines and best practice. However, they had not always been robustly followed or shared with the staff team. This included local safeguarding protocols, and National Institute of Clinical Excellence (NICE) guidance on various matters including mental capacity and medicines management.

Staff support: induction, training, skills and experience

- Staff had received training and supervision and were up to date in all areas that the provider had deemed mandatory. Staff had received induction at the start of their employment which included the completion of the Care Certificate. We noted the need for the provider to review the way they delivered training to ensure it was in line with best practice. Training was delivered in-house. However, the person delivering the training could not demonstrate how they kept up to date with their own training.
- The provider had used the Care Certificate modules to replace ongoing training in several areas. Regulations require providers to ensure their staff receive such appropriate support, training, professional development, supervision and appraisal training; where appropriate to obtain further qualifications appropriate to the work they perform.

We recommend that the provider seeks guidance from a reputable source and reviews their processes for staff training and development.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- In the majority of cases staff had supported people to meet their eating and drinking needs. Each person had a nutritional risk assessment which identified the level of support they required. However, the diet and nutritional care plans were not always up to date to reflect changes, especially where people's needs had changed from normal to modified diet.
- People and family members told us staff supported them to eat and drink. We saw people were supported to have a pleasant dining experience and alternative meals were offered to people. One relative commented; "The food is excellent and the standards of cleanliness in the home and in my [relative]'s room are very high. I have nothing but praise for this excellent establishment."
- Staff supported people to access health care professionals such as district nurses and their GPs. There were regular visits by a nurse from the local GP practice to support people and prevent unnecessary hospital admissions.
- Staff recorded assessments or additional support from external professionals within people's care records. The registered manager and staff were aware of the processes they should follow if a person required support from any professional.

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

- People's individual needs were met by the adaptation, design and decoration of premises. However, we found some areas were in need of adaptation to ensure people safety was maintained. This included the flooring in one area where there were obscured steps. In addition, we noted the environment needed to be adapted in line with the needs of people living with dementia. The registered manager took immediate action to include signage. They informed us they planned to change the flooring in the home.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection we recommended the provider to seek best practice guidance around managing information. The provider had made improvements.

- People were treated with kindness and respect. Our observations and comments from people and their relatives showed people were treated with compassion and spoken to at their level. Comments included, "I am confident [relative] is getting 24/7 care." And, "My [relative] has been very well looked after. The staff are totally professional, cheerful, caring and polite."
- Staff knew people well and had formed familiar relationships with people they interacted with. They understood, and supported people's communication needs and choices. We observed staff reading historical books that were relevant to people's backgrounds and life stories which helped people to reminisce.
- People were encouraged to continue to exercise their independence. We observed people eating independently and undertaking some of their personal care needs on their own.
- Staff had received training on the importance of treating people with dignity and respect and there was a policy which supported this practice. They knocked on doors and waited for a response before entering people's bedrooms and bathrooms. Some people also preferred to stay in their own bedroom and staff respected this. A visitor told us, "[My relative] likes staying in their room and sleeping but, with encouragement, they got them down three times last week."
- People's records were kept securely to maintain privacy and confidentiality.

Supporting people to express their views and be involved in making decisions about their care

At our last inspection we recommended that the provider consider current guidance on involving people in decisions about their care and how the service is delivered. The provider had made some improvements. However, these improvements needed to be further imbedded into their practice to ensure they were aligned with MCA principles around consent, as explained in the Effective question.

- The registered manager encouraged people and their family members to share their views about the care they received. They had carried out a survey which showed people were happy with the care they received. Findings from the survey were displayed and shared with people.
- People were confident in expressing their views about the care and support provided by staff. Relatives had been invited to take part in the review of their relatives' care. The registered manager informed us this

was work in progress and they continued to encourage families to be involved.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs.

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

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to ensure activity provision within the service met people's needs and reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach of regulation 9.

- People were supported with meaningful day time activities of their choice. We reviewed activity records which showed improvements had been made. People told us they could choose to join in with activities or not. A relative told us, "[Relative] likes being in his room and in his own company so is not bothered about activities, but he is always asked." In addition, a staff member told us, "You get to know their little quirks, and although you respect their wishes, you always try to encourage things that will help."
- We discussed the need to ensure clear delegation of staff for activities to ensure accountability. This was because there was no dedicated activity coordinator and staff were expected to support with activities among other tasks. However, there was no system for identifying the staff member responsible for supporting with activities on any given day. The registered manager informed us they would do this. This would ensure accountability and ensure that activities were provided consistently.
- Family and friends were able to visit as they wish and any restriction or conditions in respect of visitors had been agreed and authorised with authorities.

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

- There was a lack of consistency in the way people's needs were planned for. Care records we reviewed were generic and not person-centred. Five of the records we reviewed were similar in a number of areas which meant they had not been written specifically for the named people.
- Some of the records took account of people's likes, dislikes, wishes and preferences in relation to treatment, however some did not. Three of the records did not identify how people's needs and risks were managed, regardless of records showing significant change in risk levels such as increased falls, risk of absconding and risks associated with the management of medicines. We spoke to the registered manager who informed us they were in the process of writing new care records. However, we saw the new care records were also not robust or person-centred.
- The provider had not ensured that care records were reviewed consistently. Their policy stated records were to be reviewed monthly, however we found some records were reviewed every two months and had not been reviewed following significant incidents such as falls with injuries. Two of the reviews we checked

did not accurately reflect changes in people's needs. This would not support staff to care for people effectively.

- The provider was responsive to people's needs and had made referrals to specialist professionals appropriately.
- People told us they received care and support from regular staff who knew their routines well. A family member told us, "I am confident that the staff know my [relative]."

The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had assessed people's communication needs as required by the Accessible Information Standard. However, we found signage and posters in the home needed be improved to adequately orientate people to their environment. The registered manager informed us that they would adapt records to meet people's needs if required.

Improving care quality in response to complaints or concerns

- People and family members were able to raise concerns about the care they received. Information about how to make a complaint was readily available. People told us they were confident any complaints they made would be listened to and acted upon in an open and transparent way.
- All the relatives who shared feedback with us told us they had no reason to complain but they would be comfortable talking to the senior carer or the registered manager. A family member said, "I would be comfortable in raising any concerns."
- One complaint had been received since the last inspection and had been dealt with in line with regulations and measures had been put in place to address the complaint satisfactorily. The registered manager had improved how they respond and communicate with visitors about any visiting restrictions to provide clarity to visiting families and friends.

End of life care and support

- People's end of life care and support was not robustly planned for. Some records were incomplete and brief. They did not demonstrate whether the provider had offered people or their family members the opportunity to discuss their end of life preferences including their religious and or cultural preferences. This included how they preferred their body to be care for after death and pain management in the event of a life threatening condition.

We recommend that the provider seeks guidance from a reputable source and reviews their processes for end of life care planning.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we recommended that the provider to seek and implement best practice guidance with regard to systems used to assess, monitor and improve the quality of the service. At this inspection we found the provider had made some improvements and several audits had been carried out. However, they had not been adequately implemented and sustained to promote sustained improvements to the care and ensure compliance with regulations. We found breaches of regulations and made recommendations in several areas at this inspection.

- The registered manager and the provider had not established a robust governance system to effectively monitor the quality of the care delivered at the home and ensure compliance with regulations. We found recurring themes in respect of shortfalls found at the previous inspections. Areas that had improved at our last inspection had deteriorated which meant the governance systems were not established adequately to sustain improvements. While the provider had met breaches of regulations we found at the last inspection, we found new breaches of regulation in five areas.
- The provider, who is also the owner, completed regular provider visits to check the quality of care and people's experiences. However, these arrangements had not adequately identified areas of non-compliance, which meant further improvements were required to the quality monitoring systems in the home.
- The registered manager and the provider had carried out a variety of audits, such as infection control audits, accident and incident analysis and medicines audits. We noted some of the audits needed to be reviewed to ensure they were in line with best practice guidance and regulations, to support the registered manager in meeting regulations and keeping people safe.
- People, visiting families and staff felt the service was well managed and the care delivered had got better. They were complimentary of the registered manager and felt that they were listening and acted to address their concerns.
- The provider and the registered manager showed a desire to promote continuous learning and to improve the care provided. However, the systems at the home failed to enable them to maintain standards and to identify any shortfalls in the quality of care provided.

The provider had failed to maintain good governance. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People and staff had regular meetings to discuss their care experiences. Family members told us they were kept informed of their relatives' welfare and felt listened to by the registered manager.
- People and their family members completed surveys on the quality of the care delivered. Results of the survey showed people were happy with the quality of the service they were provided.

Planning and promoting person-centred, high-quality care and support, and how the provider understands and acts on duty of candour responsibility; Working in partnership with others

- The registered manager, staff and the owner were open and transparent during the inspection process and with people and their relatives when things went wrong. We discussed the need to ensure all safeguarding incidents in the home were reported to the local authority to allow independent investigations to be carried out. This was because there were two incidents that had not been reported to the local authority in a timely manner. However, health professionals had been informed in one of the cases. In most cases, except the two cases above, notifications had been submitted to the Care Quality Commission. The registered manager informed us they will follow the local safeguarding guidance in the future. Ratings from the last inspection were also displayed in the home.
- Staff were involved in local best practice forums with the local authority such as Infection control champions workshops. They also had plans to attend safeguarding and mental capacity works to enhance their knowledge and improve their practices. We saw evidence of partnership working with local GP practices and other health professionals.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to seek required authorisations when people were unable to consent to their care arrangements. - Regulation 11 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that risks to receiving care and treatment were identified and managed robustly. The provider had failed to operate effective systems for the safe management of medicines. Regulation 12(2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure governance systems were robust and systems or processes were not established and operated effectively to ensure compliance. The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment. -Regulation 17 (1) (2)(a)(c)

