

People in Care Ltd

Church View Residential Home

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Church View Residential Home is a residential care home providing personal care to up to 30 people in a single storey adapted building. The service provides support to older people and people living with dementia. At the time of our inspection there were 20 people using the service.

People's experience of using this service and what we found

There were not always enough staff to ensure peoples' safety at night. Systems to identify and reduce risk were not robust enough. Risk assessments were not always in place or updated when people's needs, or risks changed. Medicines were not always managed safely or in line with prescribers' directions. Infection prevention and control guidance on good practice were not always being followed. People felt safe in the service. Staff were recruited safely and knew how to report and recognise safeguarding concerns.

Staff did not consistently receive training in key areas or regular supervision. The design and adaptation of the home environment needed to be improved, to ensure it met the needs of people living there, we have made a recommendation about this. People spoke positively about the care they received. They felt able to make decisions around their daily routines. People's dietary and nutritional needs were met, and they told us they enjoyed their mealtimes. The provider worked in partnership with other agencies to support people to maintain their health and wellbeing.

Peoples were being treated with dignity and respect. We have made a recommendation about the location of call bells in people's room to support them to maintain their independence. People and relatives told us staff were caring.

Staff provided people with person centred care. We have made a recommendation about people and their families being involved in the care planning process Activities were being offered at the service and processes and systems were in place to respond to complaints. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We have made a recommendation around capacity and best interest. People could have visitors without restrictions and were supported to have pets to meet their emotional wellbeing needs.

Systems and processes to oversee and manage the service were not always effective. The views of people, families, staff and professionals about the care provided were not regularly being sought. Staff and residents' meetings were not regularly occurring. Staff and people spoke highly of the registered manager and found her supportive.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 November 2019). At that inspection we found breaches of regulations relating to staffing levels and oversight of the service. The provider completed an action plan after that inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider improved their admissions process and completed staff surveys. At this inspection we found the provider had improved admissions processes however they had not implemented staff surveys.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Church View Residential home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staffing levels and staff training, safe management of medicines, the management of risks, and the operation and oversight of the service at this inspection. We have also made recommendations about the location and use of call bell systems, mental capacity assessments and best interests' decisions, and around ensuring care plans are robust and people are involved in care planning.

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

Follow up

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 alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Church View Residential Home

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. We checked 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out 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

Church View Residential home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Church View Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included, feedback, concerns, investigations, action plans and statutory notifications which the provider is required to send to us by law. We also sought feedback from professionals. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service, two relatives and two visiting professionals. We spoke with six staff members. These included, one domestic staff, an activities co-ordinator, one carer, a senior carer, the nominated individual and the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at five people's care records, associated documents, medicines records and medicines related documentation. We also looked at three staff files, training and supervision records, as well as records relating to the operation and management of the service. We undertook a tour of the building, observed medicines administration and their storage, and completed observations in the communal areas.



Is the service safe?

Our findings

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

At our last inspection on 8 and 9 October 2019 we rated this key question Requires Improvement. The rating for this key question has remained Requires improvement. This meant 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 failed to review and ensure that there were enough competent staff on duty to meet people's needs. This placed people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements were noted from our last inspection, the provider was still in breach of regulation 18.

- There were enough staff on shift to meet people's care need during the day. However, staff were taken off other core duties such as domestic and activities to provide care intervention. There were insufficient staffing numbers at night to maintain the safety of people in an emergency. We raised our concerns with the local fire service.
- Some staff felt that the service could benefit from increased staffing levels. One staff member said, "We would leave things like laundry if we were short staffed. Sometimes we don't get around to baths."
- At our last inspection, we found that the manager did not have enough support to complete all their managerial tasks. At this inspection this continued to be the case. The manager was required to complete other tasks such as caring tasks, alongside their managerial role.

We found no evidence people had been harmed, however the provider had failed to ensure that there were enough competent staff on duty to meet people's needs. This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The five people spoken were happy with staffing levels in the home. One person said, "I have a buzzer in my bedroom next to my chair. If I use it, they come very quickly." Another person commented, "I think there are enough staff, if I use the buzzer they come straight away."
- The service was recruiting staff safely. We viewed three recruitment files. All required checks were being completed before staff started to work at the home.

Assessing risk, safety monitoring and management

- Systems were not robust enough to ensure risks were assessed and managed safely. The provider had not ensured that checks of water quality and safety were being completed regularly. This resulted in a risk of Legionnaires' disease, which is a potentially fatal form of pneumonia caused by the legionella bacteria that

can develop in water systems. The provider had not always completed appropriate environmental risk assessments or ensured that appropriate checks of the safety of the home environment were completed regularly. Servicing of some equipment was not being completed within expected timeframes.

- A fire risk assessment from 2019 highlighted areas that required urgent action. The registered manager could not provide evidence that these had been completed. Records of staff fire training within the last 12 months were not available at the time of inspection. The manager told us that staff had completed training and were awaiting certification. We raised our concerns with the local fire service.
- Risks to individuals, including those relating to their health conditions, were not always identified, accurate or well managed. Care files for three people with known health conditions did not have risk assessments on file.

We found no evidence people had been harmed however, the provider had failed to ensure systems were in place to manage risk. This was a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all appropriate checks of the environment and equipment were in place.

Using medicines safely

- Medicines were not always managed safely. Staff did not always follow appropriate guidance when managing and applying pain relief patches or complete topical cream application charts consistently.
- Medicines were not always labelled when opened to ensure that they were used within the expiry date and there was no risk assessment in place for the storage of oxygen.
- Protocols detailing with people's 'as required' (PRN) medicines were not always in place.

We found no evidence people had been harmed however, the provider had failed to ensure systems were in place for the safe management of medicines. This was a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medication Administration Records (MAR) charts were being completed correctly by staff and we found medicines stock levels were correct.
- Controlled drugs were secure, medicines waiting to be returned to the pharmacy were managed safely and temperate checks of the fridge and medicine room were taking place daily. Staff had received appropriate training and had been assessed as competent to administer people's medicines safely.

Preventing and controlling infection

- Infection prevention and control measures were not always robust. Staff did not always wear personal protective equipment (PPE) in line with guidance.
- There was not domestic cover seven days a week. Gaps in cleaning schedules were occurring and domestic support was not always recorded on the rota. During our inspection the environment appeared generally clean and tidy. However, we noted that cleaning of two en suites did not appear to be completed daily as items had been left from a previous day.
- The provider had contaminated waste bins however these were not always available in communal bathrooms and a number of bins in people's rooms had no lids. Storage and record keeping of cleaning products and equipment were not robust.

We found no evidence people had been harmed however, the provider had failed to ensure systems were in place for assessing, preventing and controlling the spread of infections. This was a breach of regulation 12

(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took immediate action to ensure all staff were aware of how to wear masks safely and some improvements were noted.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risks of abuse. Lessons were learnt. People and relatives told us they felt safe in the service. They said, "Mum is happy here, she isn't scared of anything, she hasn't had any falls and the staff are friendly and helpful. I've had no concerns or worries, about safety but if I did, I would speak to the manager" and "I have help here all the time so I know I am safe."
- Staff understood the actions to take if abuse was suspected. Systems were in place to investigate and act on safeguarding concerns. Records included the actions taken as a result of the investigation.
- Staff documented accidents and incidents. The information recorded included the nature of the accident/incident, what measures were taken and post fall observations.

Visiting in care homes

- People were supported to have visitors in line with current government guidance. Systems and checks for Covid-19 precautions were in place on entry to the service.

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.

At our last inspection on 8 and 9 October 2019 we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not consistently receiving training in key areas. Staff were not receiving regular supervisions. Staff told us they had received training in their role however some staff were unsure when.
- At the time of the inspection several training areas including fire safety and first aid were showing as overdue for all staff, in relation to the provider's training schedule. The registered manager advised that training has been undertaken in these areas and they were awaiting certificates. Other mandatory training areas such as safeguarding and mental capacity act demonstrated low compliance levels.
- Supervisions were not happening regularly. Staff said "They're irregular really. Can't remember when I last had one." The registered manager confirmed that supervisions have not been occurring regularly. She addressed this during the inspection and implemented a supervision schedule for all staff.

We found no evidence people had been harmed, however the provider had failed to ensure that there were sufficient competent staff on duty to meet peoples' needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their families told us that they were happy with staff training knowledge and skills.
- All staff were recorded as having completed an induction at the service.

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

- The service design and decoration needed to be improved to ensure it met people's individual needs. Signage on people's rooms was inconsistent. Some rooms had no names on the doors and others had incorrect names displayed. Raised toilet seats were white rather than a contrasting colour to support people with visual or sensory impairments.
- Bedrooms had evidence of personalisation. People were supported to have pictures and items of significance in their rooms.

We recommend the provider seeks nationally recognised guidance to ensure the premises and the service is suitable to meet the needs of people who used the service.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not always working within the principles of the MCA. The provider had considered people's ability to make decisions about their daily care needs and consent forms were being completed. However, documentation for assessing capacity around decisions such as living in the home was not consistently recorded.
- The provider had not always applied for authorisation to deprive people of their liberty to keep them safe when this was appropriate.

We recommend the provider refers to guidance around mental capacity and best interests' decisions and takes action to update their practice accordingly.

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

At our last inspection we recommended the provider ensures pre-admission assessments are thorough and take into account all of the person's needs before admission to the home. The provider had made improvements.

- People's needs had been assessed and the registered manager told us that she visited people before they were admitted to the service where possible.
- People told us that they had choices around their routines. They said "I can make choices every day. I choose what to eat, when to get up, what to wear and when to go to bed" and "I can choose when to go to bed. I get offered baths, but I can refuse, just like I did this morning..."

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

- People were supported to eat and drink safely. The provider had systems in place to monitor and manage people's weight. Information relating to people's nutritional needs was provided to the kitchen staff. This information matched current information documented within care plans.
- We undertook observations of the dining experience at lunch time on day two of the inspection. Lunch service appeared calm and structured. People were able to have their meals in the dining area or their bedroom and were offered support when they needed it. People were not rushed, could choose their meals and had access to hot and cold drinks.

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

- People were provided with appropriate support with their individual health needs. People and relatives told us relevant professionals were involved in their care. One person said, "The doctor, chiropodist and the hairdresser visit me." Families also felt the service provided support with accessing health care. One family

member described how their relative had been supported to access a variety of professionals, "The doctor has been to see her and she has been sent to hospital to be checked over. The podiatrist has also visited."

- Professionals assessments were viewed on peoples care files. Care records confirmed that relevant professionals had been involved in people's care when it was required.
- We received feedback from health professionals visiting the service at the time of the inspection. They told us that staff were helpful and did what was needed. They said the service is "one of the nicer homes we go to."

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.

At our last inspection on 8 and 9 October 2019 we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- A few people who were in their bedrooms, did not have access to a call bell system, so were not always able to request support when they needed it. We observed that cables from call bells were often trailing across rooms or positioned out of reach. For example, in one en suite bathroom the emergency buzzer was located some distance from the toilet.

We recommend the provider seeks relevant guidance around the location of call bells and any relevant alternative technology.

- People were supported to maintain their independence. One person told us, "I can do things myself; I clean my teeth and do my hair."

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were treated with dignity and respect. During our inspection, we observed staff supporting people to mobilise safely around the home and maintaining people's dignity through closing doors and knocking when entering bedrooms. No one appeared to be rushed.

- People felt the staff were kind and maintained their dignity when providing care. One person said, "The girls are all kind to me, they do respect me and will shut my blinds when they are helping me." Families also felt staff were caring. One family member said, "The staff are kind. I know because I see them working with everyone when I visit. The carers shut curtains or blinds and doors when they are in residents' rooms."

- Staff told us they felt people received good care. They said, "It is a nice home, staff are friendly" and "It's like a family here, everyone is happy."

- People were able to have pets in the service for their emotional wellbeing. One resident had a bird for companionship and a risk assessment was in place.

Is the service responsive?

Our findings

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

At our last inspection on 8 and 9 October 2019 we rated this key question Good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans were not always completed with people or their relatives and did not always contain all the information needed. For example, one care plan identified someone's preference to sit out of bed when well, however it was not clear how frequently they required pressure relief when sat out. People's photographs were not always included on newer care plans.
- People told us that they had choices over their routines and care, but some were not aware of care plans being in place. They said, "I don't think I have a care plan, but they look after me well" and "I don't know if I have care plan, but this morning they made a record that I had a fall." Families also were unsure if care plans were in place. One family member told us "I don't know if he has a care plan. He is given choices as the carers ask if he would like to sit in a chair."
- People were not asked their views on the service regularly. They said, "I can't remember being given a questionnaire, or being asked if I like the home" and "I know the manager she comes in and chats with me. She hasn't asked for my views about the home, but I am happy here and I would recommend it."

We recommend the provider considers current guidance around care planning and takes action to ensure that people and their families are involved in formal care planning.

- Staff demonstrated a good knowledge of the people they supported. Staff were able to speak of people's likes and dislikes and unique routines.
- People's end of life wishes, and preference were being considered.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager advised information could be made available in alternative, accessible formats if people needed it.

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

- Activities were being offered at the home. Staff rotas indicated gaps in activity provision, and we noted the

activity co-ordinator was often required to assist with care tasks.

- During our visit we observed a combination of group and individual activities. The service maintained an activity board detailing what was available that day.
- People were positive about the activities provided. People were supported to access the local community and families and friends could visit without restrictions. Friendships within the service were facilitated, one person told us, "I choose what to eat, when to get up, what to wear and when to go to bed. Sometimes, I sit in my friend's room till quite late in the evening."

Improving care quality in response to complaints or concerns

- Concerns or complaints were being managed. A system was in place to record and respond to complaints. Information and guidance were available and accessible on entry to the service for relatives and visitors.
- One person told us, "I have not had any complaints, but if I had a worry I would talk to the carers."

Is the service well-led?

Our findings

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

At our last inspection on 8 and 9 October 2019 we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we identified systems were not robust enough to demonstrate that safety and quality was effectively monitored and managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Governance systems were not always effective or in place. The provider had numerous audits which were being completed monthly. However, not all the audits had picked up on issues we identified during our inspection. For example, environmental audits had not identified gaps in water quality and safety checks and medication audits had not identified that PRN protocols were not consistently in place.
- Overview analysis of key areas such as safeguarding, accidents and staff training was not fully in place. For example, the registered manager had started to analyse trends and themes around falls, however only one month had been completed at the time of the inspection. This meant any possible patterns in accidents or incidents were not being identified or the causes addressed. The registered manager told us this was due to lack of time as she was often carrying out care tasks due to staff vacancies.
- Policies and procedures were not always up to date or accurate. Some policies contained legislation that was no longer relevant. The provider's business continuity plan did not contain all the relevant emergency contacts. This meant staff did not always have access to the information they needed to keep people safe and support them well.
- Confidential information was not always secure.

Whilst no harm had occurred, systems were not robust enough or established to ensure the oversight, monitoring and good governance of the service. This placed people at risk of harm. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our concerns with the nominated individual who advised that they were in the process of arranging additional support for the manager. This would include regular support from another registered manager from one of the provider's local services and the recruitment of an additional team member to

specifically support the registered manager in completing her duties.

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

At our last inspection we recommended the provider devised surveys to ensure that staff were listened to. At the time of this inspection, the provider has not completed this action.

- Views of People, relatives, staff and external stake holders were not regularly being sought and analysed. Relatives and residents told us that they had not been asked for recent feedback about the care provided. Staff surveys had not been issued.
- Systems to support good communication were not in place in the home. Staff meetings and resident meetings were not regularly taking place.

Whilst no harm had occurred, the provider had failed to assess and monitor the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager had submitted notifications to the CQC and made appropriate referrals to the local authority following accidents or incidents.
- During our inspection the provider and registered manager were open and transparent about areas of improvement in the service and were active at responding to feedback.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- We found areas of improvement were needed to ensure that the care provided was inclusive and enabled people to achieve good outcomes. However, the People, staff and professional visitors we spoke to were positive about the registered manager and their experience of the home. They said "I know the manager well; she seems to run the home smoothly. The atmosphere is calm and quiet, and the staff are friendly." Staff told us, "She [registered manager] is brilliant" and "I love coming to work, I love the residents and staff. I don't dislike anything really."

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 12 HSCA RA Regulations 2014 Safe care and treatment
	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	The provider had failed to ensure risks to individuals and the environment were assessed, managed and updated appropriately.
	The provider had failed to ensure the safe management of medicines.
	The provider had failed to ensure that safe infection prevention and control processes were being followed.
	Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	Regulation 17 HSCA RA Regulations 2014 Good governance
	The provider had failed to ensure systems were robust enough or established to ensure the effective oversight, monitoring and good governance of the service.
	The provider had failed to engage with people, relatives and staff to assess, monitor and

improve the quality and safety of the service.

Regulation 17(1) (2) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Regulation 18 HSCA RA Regulations 2014 safe staffing

The provider had failed to ensure that sufficient competent staff were available to meet people's needs.

The provider had failed to ensure that staff received the appropriate training and support to enable them to meet people's needs.

Regulation 18(1) (2) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.