Cornwallis Care Services Ltd

Trecarrel Care 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?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

Trecarrel care home provides care for primarily older people, some of whom have a form of dementia. The home can accommodate up to a maximum of 44 people. On the day of the inspection 43 people were living at the service. Some of the people at the time of our inspection had physical health needs and some mental frailty due to a diagnosis of dementia.

Two inspectors carried out this unannounced inspection on the 2 October 2015.

The service is required to have a registered manager and at the time of our inspection there was no registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The provider had notified us of this absence and had kept us informed of the recruitment to this post. The management team structure had been reviewed since the registered manager had resigned. An increase to three deputy managers at the service had recently occurred, along with the appointment of the operations manager.

Summary of findings

We had received anonymous concerns about how people were cared for at Trecarrel Care Home. At this visit we looked at the anonymous concerns raised. They related to a lack of individualised detail in people's care plans to ensure their needs were met, concerns about staffing levels and support and concerns regarding how people were supported to mobilise around the service safely.

From this inspection we identified a number of concerning issues. The operations manager and deputy managers acknowledged that the lack of an effective management presence had led to certain areas of the service not meeting acceptable standards. For example there were concerns around risk assessments, infection control and moving and handling practices. In respect of staff, there were concerns around their induction to their role and ongoing support and training which meant that staff were not enabled to meet people's needs. In respect of care planning we noted that people's care plans did not provide staff with sufficient accurate information to enable them to meet people's current care needs. Vital information for staff to follow to ensure people's safety and welfare was not always recorded in care records. This inspection demonstrated, that whilst peoples care needs were being met, there were issues of the systems and processes within the service. The quality assurance system was not robust as it was not up to date and failed to identify areas of significant concern. The deputy manager and operations managers acknowledged that standards had deteriorated and that work to improve standards needed to occur.

People told us their experience of the service. Some comments included "it's wonderful here," "staff are lovely" "the food is wonderful" and "This is the best place for me." Relatives also shared the view that their family member received appropriate care by caring staff. Health professionals told us "Staff are good, they are kind and caring and have time for people."

People felt safe living in the home and relatives told us they thought people were safe. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused. We saw throughout our visit people approaching staff freely without hesitation and that positive relationships between people and staff had been developed.

People were complimentary about the quality and quantity of the food provided. People were complimentary about the staff telling us they are "Marvellous" "caring" and "lovely". They told us they were completely satisfied with the care provided and the manner in which it was given. Relatives were complimentary about the care provided.

People chose how to spend their day and some activities were provided. Activities were provided by the service individually and in a group format, such as arts and crafts and through outside entertainers coming into the service. Relatives told us they were always made welcome and were able to visit at any time.

The operations and deputy managers had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Where people did not have the capacity to make certain decisions the home involved family and relevant professionals to ensure decisions were made in the person's best interests.

We saw staff providing care to people in a calm and sensitive manner and at the person's pace. When staff talked with us about individuals in the service they spoke about them in a caring and compassionate manner. Staff demonstrated a good knowledge of the people they supported. Peoples' privacy, dignity and independence were respected by staff**.** We saw many examples of kindness, patience and empathy from staff to people who lived at the service.

We saw the service's complaints procedure which provided people with information on how to make a complaint. People told us they had no concerns at the time of the inspection and if they had any issues they felt able to address them with the management team.

We found four Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the end of the full version of the report.

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?

Requires improvement

The service was not safe. People who used the service were put at risk because of poor infection control practices.

Risks were identified however the risks assessments had not been updated to reflect the person's current circumstances and what support they needed.

People felt safe living in the home and relatives told us they thought people were safe. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

Is the service effective?

Requires improvement

The service was not effective. Staff did not receive appropriate induction and training so they had the up to date skills and knowledge to provide effective care.

The operations and deputy manager had a general understanding of the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Care staff had limited understanding in this area.

People were able to see appropriate health and social care professionals when needed to meet their healthcare needs.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with their wishes.

Positive relationships had been formed between people and supportive staff.

Is the service responsive?

Requires improvement

The service was not responsive. We found people's care needs were not always assessed to enable staff to deliver appropriate care. The service failed to respond to people's changing needs by ensuring amended plans of care were put in place.

The level of activities provided needed to be reviewed to ensure they were meaningful to people.

People and their relatives told us they knew how to complain and would be happy to speak with managers if they had any concerns.

Summary of findings

Is the service well-led?

The service was not well-led. The provider had not identified areas of the service that required improvement to ensure the care provided met people's individual needs.

The service's quality assurance processes were not operated effectively as these systems had failed to identify areas of significant concern.

Opportunities for staff to discuss the running of the service had been limited.

Requires improvement

Trecarrel Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 2 October 2015. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection team consisted of two inspectors.

Before visiting the service we reviewed previous inspection reports, the information we held about the service and notifications of incidents. A notification is information about important events which the service is required to send to us by law. We had received anonymous concerns about how people were cared for at Trecarrel care home.

During the inspection we spoke with nine people who were able to express their views of living in the service and two visiting relatives. We looked around the premises and observed care practices. We spoke with two health care professionals during our inspection visit. We used the Short Observational Framework Inspection (SOFI) over the visit which included observations at meal times and when people were seated in the communal lounge throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with nine care staff, domestic and catering staff, three deputy managers and the head of operations. We looked at five records relating to the care of individuals, staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

Requires improvement

Is the service safe?

Our findings

Staff had worked with other professionals to develop different ways of working so appropriate measures could be put in place to minimise risks to people. Risks were identified and assessments of how any risks could be minimised were recorded. However despite the risk assessments being marked by staff as being reviewed, they had not been updated to reflect the person's current circumstances and what support they needed. For example, how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. We had received an anonymous concern that people were not being transferred between furniture safely. Not all staff followed current guidance when transferring people, which placed both people and the staff at risk. The deputy manager and head of operations were alerted to this and gave us reassurance that the correct technique for the transfer of people would be addressed immediately. They also acknowledged that risk assessments were not up to date.

There was no named responsible person to ensure that infection control guidance was being followed at the service. For example we were alerted to a case of Methicillin Resistant Staphylococcus Aureus (MRSA) at the service and noted staff were not following recommended infection control procedures as they had no access to gel, were not wearing or using aprons or gloves and were not using red bags to remove and isolate the individuals washing. This did not protect other people living at the service or staff from the risk of infection. We also saw unnamed continence pads and toiletries. Staff were not aware of who they belonged to and therefore it was assumed they were for general use .We had received an anonymous concern that people were being washed with the same flannels on the face and personal areas. Staff confirmed that this had occurred but would not continue. We were also told by staff that equipment to ensure the service was cleaned appropriately was not in place, for example the carpet shampooer had not been working since the new year. Domestic staff used a mop and bucket to clean up urinary incontinence, which was not adequate to prevent further infection control risk.

This was in breach of Regulation 12 of The Health and Social care Act 2008 (Regulated Activity) Regulations 2014.

The service provided care for up to 44 people. People tended to occupy one of the two lounges in the service, and usually chose the lounge which was closer to their bedroom. Staffing was divided between the two lounges to ensure there were sufficient staff available to meet people's needs. The staff on duty during the daytime hoursfor the whole service consisted of five care staff and two seniors carers divided between the two lounge areas, as were the two domestics on duty. There were two deputy managers on duty. Each was responsible for the care in one of the designated lounge area. They responded to any queries from people, staff, relatives and external health professionals. In addition catering, maintenance and administration staff were also on duty.

A person told us "This is the best place for me." People felt that staff were busy but if they needed assistance staff would respond. Relatives echoed this view commenting staff were busy and at times there was a delay in staff being able to respond to people promptly.

Staff felt for the majority of the time there were enough staff on duty. However they commented "The bells ring a long time." We spent time in both lounges and observed that people's care needs were being met. However we also observed times in the lounge areas where staff were not present for some extended periods of time. We also noted that the requests for assistance using the call bells did on occasions go unanswered for some time. When we asked staff why there had been a delay staff replied that the majority of bedrooms had pressure mats. Sometimes they were not disconnected when the person was no longer in their room and therefore it was not known whowalked over the mat and tripped the alarm. Staff believed the person was in the lounge and therefore did not immediately respond to turn off the alarm in their rooms. However they could not be sure that another person was not in the bedroom and needed assistance. It was a concern that staff were not responding to call bells and by their own admission were 'guessing' if they needed to assist or not. This could mean that a person did not receive assistance in sufficient time.

We reviewed two staff members' files. Both had recently been recruited to the service. We noted disclosure and barring checks had been made to ensure that the staff were safe to work with vulnerable people. Staff files included application forms. However in both cases references were provided by the operations manager and therefore there

Requires improvement

Is the service safe?

were no independent references gained to provide an independent view of their suitability for the role. The head of operations acknowledged that this was not sufficient and gave reassurance this would not occur again.

We reviewed medicines and found that controlled drugs, which required stricter controls by law of storage and record keeping, were in line with pharmaceutical guidance. However we found that where medicines sheets had been handwritten they had not been witnessed by two staff members. This practice is recommended under the pharmaceutical guidelines to ensure that the medicines are recorded accurately so that the correct medicine and dosage is administered to the person. The deputy manager informed us there had been some medication errors at the service. Audits of medicines had been carried out but the audits had not identified that medication errors had occurred. Therefore the effectiveness of the current auditing procedure was of concern. The deputy manager was addressing this issue to ensure that medication systems were more robust.

If a person requested, the service would hold a small amount of money for them safely. An agreement as to how their money would be managed was signed by the person or their representative. Their money was overseen by the provider at headquarters who audited it monthly to ensure all monies were accounted for. Individual records were kept of all transactions and expenditure so that all monies held were accounted for at all times. We checked the money held for three people and they all tallied with the records.

People told us they felt safe living in the service. They told us “I feel safe here.” Relatives told us they felt their family member was cared for safely. People and their relatives were complimentary about how staff approached them in a thoughtful and caring manner. We saw throughout our visit people approaching staff freely without hesitation and that positive relationships between people and staff had been developed.

Staff were aware of the service’s safeguarding and whistle blowing policy. This policy encouraged staff to raise any concerns in respect of work practices. Staff said they felt able to use the policy, had received training on safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. The deputy manager was aware of and had followed the Local Authority reporting procedure in line with local reporting arrangements. This showed the service worked openly with other professionals to ensure that safeguarding concerns were recognised, addressed and actions taken to improve the future safety and care of people living at the service.

Requires improvement

Is the service effective?

Our findings

New staff had completed an induction when they started to work at the home. An induction checklist was filled out by the staff member and their supervisor. The operations manager was aware of the new Care Certificate induction guidelines which commenced on the 1 April 2015 for all staff new to care but had not started this at this service. A new member of staff told us they had worked with a more experienced member of staff for the first few shifts to enable them to get to know people and see how best to support them prior to working alone. This helped ensure that staff met people's needs in a consistent manner. However this new to care staff member had not had the training intended by the Care Certificate and therefore had not developed this level of skill in delivering care.

Staff told us they attended meetings (called supervision) with their line managers. At these meetings staff discussed how they provided support to people to ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. However we were not provided with any documentary evidence about how often these meetings occurred.

An audit of staff training had recently been completed and from this it identified there were gaps. For example in the area of dementia care only three care staff, out of 18, had received training in this area: six in moving and handling: and seven training on respect of infection control. We observed during this inspection concerns around infection control and moving and handling as described in the safe section of this report. The operations manager told us a training programme was being "put together."

The service failed to provide staff with sufficient support, training, professional development and appraisal to enable them to meet people's care needs This was in breach of Regulation 18 of The Health and Social care Act 2008 (Regulated Activity) Regulations 2014.

There were no care plans about how to support people with behaviours that may challenge. Staff told us a person at times expressed themselves in ways that challenged them. When asked staff had different ways to respond to the person and therefore the person was not supported in a consistent way by all staff. Staff had not been provided with appropriate guidance on how to support this person when they exhibited behaviours that challenged others. This meant staff had not been given clear strategies about how this behaviour could be prevented or instructions for staff on how they should respond when it occurred. This contributed to the breach of regulation 9 of the Health and Social Care Act 2008 (RA) 2014, please refer to responsive section of this report for further details.

In discussion with health and social care colleagues they told us when staff made referrals to them they were appropriate. However at times there was a delay in making the referrals. This meant staff did not always alert them to when changes to health or wellbeing for the person had been identified. A health colleague stated that staff were at times "slow to report pressure damage". One person had a neurological diagnosis and this was not passed to the visiting nursing team. This meant that advice and support for the person was not provided in a timely manner. Health and social care professionals told us staff had listened and acted on advice when given so that people's treatment needs were then met. This meant the service took steps to use appropriate guidance in practice but this was not always done in a timely manner. This contributed to the breach of regulation 9 of the Health and Social Care Act 2008 (RA) 2014, please refer to responsive section of this report for further details.

The deputy managers had a general understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected. Care staff had not undertaken MCA training and therefore their understanding of the MCA was limited. Some people living in the service had a diagnosis of dementia or a mental health condition that meant their ability to make daily decisions could fluctuate. Staff had a good understanding of people's needs and deputy managers were using this knowledge to help people make their own decisions about their daily lives wherever possible.

The operations manager was aware that where people did not have the capacity to make certain decisions that the service must act in accordance with legal requirements. This process had recently commenced so where decisions had been made on a person's behalf these decisions were made following a best interests meeting.

The deputy managers were in the process of considering the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of

Requires improvement

Is the service effective?

Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act 2005 (MCA) and requires providers to seek authorisation from the local authority if they feel there may be restrictions or restraints placed upon a person who lacks capacity to make decisions for themselves. The deputy managers showed us two recent applications made to the DoLS team for further consideration.

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up and who they spent time with. People felt staff responded to their needs and were "fantastic" and "marvellous."

We used our Short Observational Framework for Inspection tool (SOFI) in communal areas during our visit. This helped us record how people spent their time, the type of support they received and whether they had positive experiences. Staff told us people ate in the dining area, and that there was no real choice as to where people wanted to have their meals. Over the lunch period we saw that where people needed assistance with their meals, in the main staff provided sensitive prompting and encouragement. We did also observe a staff member standing up and feeding a person with little interaction. This did not respect the dignity of this person.

People told us they had discussed with the care staff and the catering staff their likes and dislikes so they were provided with meals they liked. People told us the food was "wonderful." The cook said the menus were discussed with people on the day so they chose their main meal and also what they would like for tea. The catering staff had a good knowledge of people's dietary needs and catered for them appropriately, for example soft, pureed and vegetarian diets. The cook prepared all foods, bought stock locally, and had an appropriate budget to buy all foods needed.

People were complimentary about the staff, stating they were "lovely" and they were able to meet their care needs. A relative told us they were involved in the admission of their family member to the service. The relative told us during the admission process staff ensured they found out as much information as they could so they got to know their likes, dislikes, interests and about their life. This information helped staff to understand each person's individual preferences

Good

Is the service caring?

Our findings

We received positive comments from people who lived at Trecarrel. Comments included staff were; "Lovely", "Caring", "Kind" and one person commented "this place suits me," "It's wonderful here" and "Staff are lovely." People told us they were completely satisfied with the care provided and the manner in which it was given.

We received positive comments from a relative about the care their family member received. Comments included: "Staff genuinely care." They told us they were made welcome and were able to visit at any time. People could choose where they met with their visitors, either in their room or different communal areas.

We saw many compliment cards written by people who lived at Trecarrel and their relatives. Some comments included 'We would like to thank Trecarrel for the professionalism of all their staff. The constant love and care given to (person's name) and to us over the years by wonderful and loving carers.' Another stated 'You all seem to go the extra mile for your residents and treat them almost as you would your own family.'

The operations and deputy managers believed they provided good care. Staff shared the view that they needed to remember the people they cared for were dependent on them, therefore vulnerable and it was essential they provided care for the person in the way they wanted them to.

Staff spoke about people fondly and commented; "I like to treat people as if they are my mum or dad." Some staff had worked at the service for many years, and told us they enjoyed supporting the people that lived at Trecarrel. Staff interacted with people respectfully. All staff showed a genuine interest in their work and a desire to offer a good service to people.

Staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the home were caring with conversations being held in a gentle and understanding way.

People's privacy was respected. Staff told us how they maintained people's privacy and dignity. For example, by knocking on bedroom doors before entering, gaining consent before providing care and ensuring curtains and doors were closed. Staff told us they felt it was important people were supported to retain their dignity and independence. As we were shown around the premises staff knocked on people's doors and asked if they would like to speak with us. Where people had requested, their bedrooms had been personalised with their belongings, such as furniture, photographs and ornaments.

Where possible people were involved in decisions about their daily living. Staff knew peoples' individual preferences about how they wished their care to be provided. For example one person wanted staff not to call them by their first name but by a different name, this was respected and staff referred to the person by their preferred name, as was in all their documentation.

The deputy manager told us where a person did not have a family member to represent them they had contacted advocacy services to ensure the person's voice was heard.

Requires improvement

Is the service responsive?

Our findings

We reviewed five people's care records. The care plans identified people's care needs, for example mobility, nutrition and personal care. However they did not direct, inform or guide staff in how they were to provide support to the person to meet their particular care needs This meant that people may not receive care from staff in a consistent manner. We noted that care plans had not been regularly reviewed and did not reflect people's current care needs. For example one person's care plan said that the person wore a boot to support their foot. The visiting health professionals told us the person had not worn the boot for the last five months and all treatment in this respect had ceased at that time. The deputy managers told us that they were reassessing a person for nursing support as their dependency needs had increased. When we looked at the care records, there had been 16 reviews all of which stated 'no change'. Therefore it was difficult to see how the deputy managers had thought the persons care needs had increased in complexity over time, when the care records did not identify this. When this was raised the deputy managers agreed that care records were not up to date and that reviews had not been completed competently. Therefore even though the person's care needs had altered the care records had not been updated which meant the information available for staff was not accurate. We saw other examples of a similar nature in all five care records that we reviewed. There were uncompleted assessments such as risk of developing skin pressure damage, general health and safety and, nutritional assessments. The operations and deputy manager agreed that care plans were not up to date and therefore did not reflect peoples current care needs.

People's care plans did not provide staff with sufficient accurate information to enable them to meet people's current care needs. We found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

In all the care plans we looked at there was differing levels of information about how people's social and emotional needs could be met. Therefore care plans varied in detailing individual's needs in relation to how they wished to spend their time and what type of activity they might wish to take part in to promote their emotional wellbeing.

We saw some positive interactions between staff and people and encouragement to undertake activities was offered. For example a person was offered a newspaper and staff said to the person "I wonder what's in the news today (person's name)" to encourage the person in to a discussion about recent events. One person told us the church was very important to them and the local vicar visited the service each month to meet with them and any other person who wished to see them.

During the inspection an entertainer came to play music to people in the lounge. Some people joined in playing musical instruments and singing. Others chose to listen or left the room. We also noted throughout the inspection that the TV was on in the lounge with no sound on. However music was playing in the lounge area at the same time. The deputy manager acknowledged that the level of activities provided needed to be reviewed to ensure that they were meaningful to people.

People and relatives told us staff were skilled to meet their needs. They told us when they wished to move into the service they had met with the manager or senior carer prior to admission. This was to ensure that the service would be able to meet their care needs. The deputy managers were knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living in the service.

The service's complaints procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished. The service held a complaints log which outlined when complaints had been raised to the service. The complaints log identified the issues and how the issue was investigated. However it did not specify what the outcome of the complaint was and what action, if any, was taken.

We asked people who lived at the service, and their relatives, if they would be comfortable making a complaint. People told us they would have no hesitation in raising issues with the manager or staff. All told us they felt the manager was available and felt able to approach her, or staff with any concerns.

Requires improvement

Is the service responsive?

Staff felt able to raise any concerns. They told us the management team were approachable and would be able to express any concerns or views to them and felt they would be listened to. Staff told us they had plenty of opportunity to raise any issues or suggestions.

We recommend that the registered person seek support from a reputable resource, in order that meaningful activities are provided to people.

Requires improvement

Is the service well-led?

Our findings

The service is required to have a registered manager and at the time of our inspection there was no registered manager in post. The operations manager had notified us of this absence and had kept us informed of the recruitment to this post.

The operations manager was new to the organisation and since their arrival had reviewed the management of the service since the registered manager had resigned. From this review they had increased the number of deputy manager's from one to three. Two deputy managers were new to the service, both recruited within the last few months, and their knowledge of the service was developing. The third deputy manager had worked at the service for many years and their role was to oversee the day to day management of the service. It was appreciated this was a fairly new management team and was still in the early days of development.

Staff and relatives remained unsure of the management structure. We received comments from a relative, health and social care professional and staff all of whom commented they felt there were "too many chiefs" and not enough staff providing the care. The operations manager explained that by introducing more deputy manager's posts this meant that tasks which had previously been the senior carers' responsibility had been taken away so they had more time to provide care. What was apparent was that communication of the new management structure and its rational had not been understood by the remaining staff team.

Staff also said there were issues with communication between different staff groups within the service and that this had led to some anxiety. One of the deputy managers was aware of some of these issues. Staff meetings had not occurred for some time due to the change in management structure and it was acknowledged that opportunities for staff to discuss the running of the service had been limited.

The operations manager and deputy managers acknowledged that the lack of an effective management presence had led to certain areas of the service not meeting acceptable standards. For example there were concerns around risk assessments, infection control and moving and handling practices. In respect of staff, there were concerns around their induction to their role and ongoing support and training which meant that staff were not enabled to meet people's needs. In respect of care planning we noted that people's care plans did not provide staff with sufficient accurate information to enable them to meet people's current care needs. Vital information for staff to follow to ensure people's safety and welfare was not always recorded in care records. This inspection demonstrated, as can be seen in the sections of Safe, Effective and Responsive that whilst peoples care needs were generally being met, there were concerns in respect of the systems and processes within the service. The deputy managers and operations manager acknowledged that standards had deteriorated and that work to improve standards needed to occur.

The operations manager told us the annual quality assurance audits of the service were to commence in October 2015. The provider's quality assurance assessments were needed to identify where the service was doing well and address any areas of concern these audits may identify. The current service's quality assurance processes were not operated effectively as these systems had failed to identify the areas of significant concern detailed in the Safe, Effective and Responsive section of this report.

This is in breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not taken proper steps to ensure that each person was protected from infection control risks. Or that they were protected from receiving care that was inappropriate or unsafe. 12 (1) (2) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person had not taken proper steps to ensure that each person was protected against the risks of receiving care that was inappropriate or unsafe. Care and treatment was not planned and delivered in such a way as to meet people's individual needs. Regulation 9 (1) (b) (c) (3) (a) and (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not have an effective system in place to regularly assess and monitor the quality of service provided and identify, assess and manage risks relating to the health, welfare and safety of people who used the service. Regulation 17 (1) (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Action we have told the provider to take

The service failed to provide staff with sufficient support, training, professional development and appraisal to enable them to meet people's care needs. Regulation (2) (a)