

Newline Care Home Ltd

# Newline 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** 

# Summary of findings

## Overall summary

We inspected Newline Care Home on 28 September 2016. This was an unannounced inspection, which meant that the staff and registered provider did not know we would be visiting. When we last inspected the service in June 2014 we found that the registered provider was meeting the legal requirements in the areas that we looked at.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Newline Care Home provides care and accommodation for up to 28 older people and / or older people living with a dementia. People are accommodated over two floors and there are 22 bedrooms for single occupancy and three double bedrooms. The service is close to pubs, shops, supermarkets and restaurants. At the time of the inspection there were a total of 27 people who used the service.

Risks assessments for people who used the service were insufficiently detailed. This meant that staff did not have the written guidance they needed to help people to remain safe. Care plans were insufficiently detailed to ensure that care needs were met. Care plans and risk assessments had not been reviewed and updated on a regular basis.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits were minimal and infrequent and did not identify the concerns we identified at the inspection of the service. The accident audit did not check for any patterns or trends, which would enable measures to be put in place and avoid re-occurrence.

Personal emergency evacuation plans were not in place for people who used the service. This meant that staff and emergency services did not have written guidance about how they can ensure an individual's safe evacuation from the premises in the event of an emergency.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People subject to DoLS had this recorded in their care records. However, mental capacity assessments were not decision specific. Best interest decisions were not recorded in care plans.

Improvement was needed in the management of medicines to ensure people got their medicines as

prescribed. The temperature of the room in which medicines were stored was not recorded. People were prescribed medicines on an 'as required' basis, however 'as required' guidelines had not been written for these.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected.

There were sufficient staff on duty to meet the needs of people who used the service. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We saw records to confirm water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw that on occasions the water temperatures were set too high at 45 degrees Celsius. If hot water for showering or bathing is above 44 degrees Celsius there is an increased risk of injury. We pointed this out to the registered manager who has told us they have since taken action to reduce the water temperatures.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. There were some gaps in training for Safeguarding, the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards, however the registered manager had identified this and arranged additional training sessions for October and November 2016. Staff had received supervision and had completed a self assessment of their own performance in preparation for their annual appraisal.

We saw that people were provided with a choice of healthy food and drinks, which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

People's independence was encouraged. Activities, outings and social occasions were organised for people who used the service.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

The service has recently been accredited with the Gold Standards Framework, which is a national training and end of life accreditation programme. This meant the service was committed to ensuring people and their family were supported well at the end of life.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this report.

## 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 consistently safe.

Risk assessments were insufficiently detailed to provide staff with the information they needed to keep people safe. The current analysis of accidents did not check for any patterns or trends.

Improvement was needed in the management of medicines to make sure people received their medicines as prescribed.

Staff could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who used the service.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff had an understanding of the Mental Capacity Act (MCA) 2005; however MCA assessments were not decision specific. Best interest decisions were not recorded within care plans.

Staff had completed training which provided them with the skills and knowledge to support the people who used the service. Staff had received supervisions and completed a self assessment of their performance in preparation for their annual appraisal.

People had access to healthcare professionals and services. Staff encouraged and supported people at meal times.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were treated with respect and their independence, privacy and dignity were promoted. People and relatives were included in making decisions about their care. The staff at the

**Good** ●

service were knowledgeable about the support people required and about how they wanted their care to be provided.

People had access to advocacy services. This enabled others to speak up on their behalf.

### **Is the service responsive?**

The service was not always responsive.

Care plans were not person centred or sufficiently detailed to ensure that staff had the written guidance on how to provide care and support to people.

An activities coordinator was employed to help meet people's social needs.

The service had a system for managing complaints. People told us staff were approachable and they felt comfortable in speaking to them if they felt the need to complain.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

Effective quality monitoring systems were not in place to ensure the service was run in the best interest of people who used the service.

There was a registered manager in post who was supported by a management team.

Staff and people who used the service told us the registered manager was approachable and they felt supported.

**Requires Improvement** ●

# Newline 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 checked 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.

We inspected the service on 28 September 2016. This was an unannounced inspection, which meant that the staff and registered provider did not know that we would be visiting. The inspection team consisted of one adult social care inspector and an inspection manager.

Before the inspection we reviewed all the information we held about the service. The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

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

We sat in communal areas and observed how staff interacted with people. We spent time with six people who used the service and one relative. We looked at communal areas of the home and some bedrooms.

During the visit we spoke with six staff, this included the registered manager, business manager, a senior care assistant, the care supervisor, the senior cook and an ancillary worker. During the inspection we also spoke with a visiting health professional. We also contacted commissioners of the service to seek their views.

During the inspection we reviewed a range of records. This included three people's care records, including care planning documentation and medicine records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

## Is the service safe?

### Our findings

The three care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling; nutrition, bed rails, equipment in use, falls and skin integrity. Risk assessments detailed some measures to keep people safe; however they were not specific to the individual person. For example, the falls risk assessment for the three people who used the service was very similar for each person. It informed staff to ensure that people wore glasses if they needed these and to ensure wheelchair brakes were on, but did not identify specific individual risks to each person who used the service.

Staff were able to tell us about the individual measures they put in place to keep people safe, but care records did not reflect this. Staff told us about one person who was unable to summon the assistance of staff by using the call bell. Staff told us how the person had an audio monitor in their room, which was equipped with a microphone and enabled the person to summon the help of staff. We spoke to this person to determine if this compromised their privacy or dignity. They told us they were very happy with the monitor as it had proved to be a very effective way to call staff when they needed them. The person told us how staff ensured the monitor was turned off when they received personal care or visitors. These individual safety measures for this person were not recorded within the risk assessment or care plan documentation.

Examination of records identified that risk assessments had not been reviewed or updated in over a year. This meant that staff did not have the up to date guidance to keep people safe. We pointed out our findings to the registered manager and business manager who told us they would undertake a review of care records and all risk assessments for people who used the service.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken of all accidents and incidents; however audits did not look at the time of the accident or where it occurred or any other relevant information in order to identify any patterns or trends and put measures put in place to avoid re-occurrence. This was pointed out to the registered manager at the time of the inspection who said that they would develop audits further.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager if we could see Personal emergency evacuation plans (PEEP's) for people who used the service. PEEP's provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. The registered manager told us they did not have PEEPs for people but would take action to address this immediately.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

We looked at the arrangements in place to ensure the safe management, storage and administration of medicines. We saw that medicines were stored safely and securely.

Staff were able to describe the arrangements in place for the ordering and disposal of medicines. Each month senior staff completed a stock check of medicines and ordered what was needed for each person for the month ahead. Staff told us that medicines were delivered to the home by the pharmacy usually about three days before their current supply of medicines ran out. Medicines were checked in by senior care staff to make sure they were correct. Staff told us by having the medicines delivered three days early this ensured continuity of supply and enabled them to rectify any incorrect prescriptions. Records of ordering and disposal of medicines were kept in an appropriate manner.

We checked records of medicines against the stocks held and found that the majority of these balanced. However, records indicated one person had not been administered their pain relieving patch as prescribed. The pain relieving patch was to be applied every three days; however, records indicated that the person may have gone 6 days without this being changed. We asked the registered manager to look at this and if the person had gone without their pain relieving patch make a safeguarding alert to the local authority.

We saw there was a thermometer in the area in which medicines were stored; however staff did not record this temperature on a day to day basis. We pointed this out to the registered manager who told us they would take action to ensure this was rectified with immediate effect. We saw that staff kept a record of the fridge in which medicines requiring cool storage were kept and these temperatures were within normal limits.

People were prescribed medicines on an 'as required' basis, however 'as required' guidelines had not been written for these. 'As required' medicines were written up on the person's medication administration record but a specific plan was not in place. This meant that staff did not have clear guidance and instruction on when to administer these. The registered manager told us they would take immediate action and implement such guidelines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that there were procedures in place to protect people from abuse. Staff were aware of the action they must take to protect people and told us they knew how to recognise any abuse and would inform the registered manager of any concerns. One member of staff we spoke with said, "I would report any safeguarding concerns to the manager who would then report to safeguarding and CQC (Care Quality Commission)."

We asked people who used the service if they felt safe; people told us they liked living at the service and the staff were very attentive. One person said, "We have nothing to worry about here. We are all very well cared for. Another person said, "I like it very much." A relative we spoke with said, "This is a great place with really good staff."

We saw robust recruitment and selection processes were in place. We looked at the files for four of the most recent staff to be employed and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had



also been obtained. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults.

At the time of the inspection there were 27 people who used the service. We looked at the arrangements in place to ensure safe staffing levels. We looked at the staff rota and this showed that generally from 8am until 12md there were five care staff on duty and this reduced to four care staff from 12md until 8pm. Overnight there were three care staff on duty. The registered manager told us they had identified a need for extra staffing from 6am on a morning when people who used the service wanted to get out of bed. They told us they had introduced an extra staff member to cover from 6am until 8am at the busiest of times to ensure people's needs were met. The registered manager told us staffing levels were flexible, and could be altered according to need. People who used the service confirmed that staff were available should they need them through the day and night. Staff told us that staffing levels were appropriate to the needs of the people using the service. Staff told us that the staff team worked well and that there were appropriate arrangements for cover if needed in the event of sickness or emergency. One person who used the service said, "They [staff] are always there when you need them. I've never had to wait any length of time for help."

We saw records to confirm water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw that on occasions the water temperatures were set too high at 45 degrees Celsius. If hot water for showering or bathing is above 44 degrees Celsius there is an increased risk of injury. We pointed this out to the registered manager who has told us they have since taken action to reduce the water temperatures.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, hoists, gas safety and fire extinguishers. Checks were made on the fire alarm to make sure it was in working order.

## Is the service effective?

### Our findings

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection two people were subject to DoLS authorisations with a further eight awaiting authorisation. People subject to DoLS had this recorded in their care records and the service maintained an audit of people subject to a DoLS so they knew when they were to expire

The registered manager told us that some people who used the service were living with a dementia and lacked capacity to be involved in their care planning process and all decisions surrounding their care and needs were to be made by staff, family and other professionals. However, people's care records did not contain decision specific mental capacity assessments and best interest decision were not recorded within care plans. We pointed this out to the registered manager and business manager at the time of the inspection who told us they would commence work on capacity assessments as a matter of importance.

Throughout the inspection we saw examples of staff making decisions that were clearly in the best interests of people they knew well, for example using hoists to assist mobility and assisting with eating and drinking. Our judgment was that staff did act in the best interest of the people they supported but that processes had not been followed to formally assess and record this.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that staff provided good quality care and support. One person said, "The staff are very kind and always there when I need them." Another person said, "They [staff] are very good at their jobs and they always make sure I am comfortable and have everything that I need."

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff told us they were supported in accessing a variety of training and learning opportunities. Staff were able to list a variety of training that they had received over the last year, such as moving and handling, infection control, first aid, fire training and health and safety. Staff told us the training sessions had been extremely beneficial. They told us they felt able to approach the registered manager if they felt they had additional training needs and were confident that they would facilitate this additional training. One staff member said, "The induction training was very good I was shown how to use all the

hoists and lots more. All our training is very good."

We looked at the training chart and saw that training was up to date for the majority of staff; however there were some gaps in training for MCA, DoLS and safeguarding. The registered manager had also identified the gaps in training and had arranged further training for October and November 2016.

The registered manager told us they met regularly with staff to offer support and to monitor their performance. They told us staff received formal supervision every two months. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Staff told us they felt well supported and able to approach the registered manager. One staff member said, "We get regular supervision, which is really helpful. Our manager is very approachable." The registered manager told us staff appraisals were due in September and October 2016 and in preparation for this staff had completed their annual self appraisal, which enabled staff to provide an evaluation of their own performance. We saw records to confirm this.

The registered manager showed us a four week menu plan, which provided a variety of meals. We were told that salads, soups and omelettes could be provided as an alternative choice. Staff told us that menus and food choices were discussed with people who used the service on a regular basis.

Staff told us people were supported to enjoy their food and were offered choice and variety, which respected people's ethnic, cultural and dietary requirements. Staff told us how they could accommodate special diets such as diabetic and how if needed food and drink could be liquidised or thickened.

People had many positive comments to make about the quality of the meals. One person said, "The food is marvellous." Another person said, "I enjoy the meals and the food is always very tasty."

We observed the lunch time of people who used the service. Lunch time was relaxed and people told us they enjoyed the food that was provided. We saw that portion size varied according to choice. Those people who needed help were provided with assistance.

We saw that people were offered a plentiful supply of hot and cold drinks throughout the day. This meant people were supported to maintain their hydration. On the day of the inspection the sun was shining and people were warm. In the afternoon people who used the service were offered a refreshing lolly which they were observed to enjoy.

The registered manager told us staff at the service closely monitored people and where necessary made referrals to the dietician or speech and language therapist. We saw records of such visits to confirm that this was the case.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The registered manager said that they had good links with the doctors and nursing service. People were supported and encouraged to have regular health checks and were accompanied by staff or to hospital appointments. A health professional we spoke with during the inspection said, "They [staff] are quick to seek help when it is needed. They will always ring us for advice."

# Is the service caring?

## Our findings

People who used the service told us they were supported by kind and caring staff. One person said, "The staff are both kind and caring." Another person said "The staff all seem really nice you can tell they want to do a good job." We asked the person what they meant by this and they said, "They [staff] are so patient. My feet take a lot of getting comfortable and they [staff] don't go until they are comfortable." A relative we spoke with said, "This is a really great place with very good staff."

During the inspection we spent time observing staff and people who used the service in the lounge and dining area. Throughout the day we saw staff interacting with people in a very caring and friendly way. When speaking with people we saw that staff got down to the level of the person so they did not appear intimidating and to enable eye contact with the person. On one occasion we saw a staff member touching the hand of a person who used the service, we saw from the person's facial expressions that this brought about comfort and reassurance.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of providing people with choices and allowing people to make their own decisions. They told us the importance of encouraging the person to be independent and making sure curtains and doors were shut when providing personal care. One staff member said, "I always do my job to the top level and make sure dignity is maintained when providing personal care. I treat them [people who used the service] how I would like to be treated." We observed that staff were discreet when asking people if they wanted to go to the toilet or needed any other support. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

The registered manager and staff showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff told us they enjoyed supporting people. One staff member said, "This is a really good place to work and all the staff really care about the residents."

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

We looked at the arrangements in place to ensure equality and diversity and how the service supported people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them. A relative told us they were made to feel welcome and encouraged to visit at any time.

At the time of the inspection people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager was aware of the process to follow should an advocate be needed.

## Is the service responsive?

### Our findings

During our visit we reviewed the care records of three people. Each person had assessments, which highlighted their needs. Following assessment, care plans had been developed. Care records reviewed contained some information about the person's likes, dislikes and personal choices, however, care plans did not contain enough information to help to ensure that the needs of the person were met. For example the care plan for one person stated they needed the assistance of one staff member to assist with bathing and showering but it did not describe what this assistance was. The night time care plan for one person informed that staff were to establish a normal nightly routine for the person but it did not describe what this usual routine was. Care plans had not been reviewed on a regular basis.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care records contained a detailed history of the person, which is particularly important when caring for a person living with dementia as it can help to understand more about the person and their experiences.

People we spoke with confirmed that staff were responsive to their needs. One person said, "I only have to ask and they [staff] are there on hand to deliver." Another person said, "They [staff] are very good. Anything I need I get and all of my needs are met."

Staff and people told us that the service employed an activity co-ordinator to arrange activities and outings for people who used the service. Staff told us the activity co-ordinator worked a minimum of four hours each day usually from Monday to Friday and at other times when care staff were free they would undertake activities with people. We were told that activities such as arts and crafts, skittles, magnetic darts, singing, gardening and bingo took place on a daily basis. We were told that the service celebrated each person's birthday and there were social events and activities organised at different times during the year such as Easter, Halloween and Christmas. A poster advertised a Halloween Event taking place on 31 October to which people and their relatives were invited. There was to be a cake stall, raffle and tombola.

The registered manager and staff were able to explain what to do if they received a complaint. We were shown a copy of the complaints procedure, which gave people timescales for action and who to contact. We looked at the complaints log and saw that the registered manager and staff recorded all concerns and complaints made by people and relatives. People told us the registered manager and staff were approachable and should they feel the need to raise a concern then they would without hesitation.

## Is the service well-led?

### Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered provider had systems for monitoring and assessing the service, however these were minimal and did not identify the concerns we identified at the inspection of the service. We saw that a health and safety audit was undertaken in February and September 2016. The audit asked staff to make sure water temperatures were taken but staff did not identify that some water temperatures were too hot. Infection control auditing was infrequent. The accident audit did not check for any patterns or trends.

The business manager visited the service on a regular basis to speak with staff and people who used the service and to monitor practice; however there was no formal auditing tool or records kept of the findings from these visits.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had a registered manager who had worked at the service for a number of years. Staff, people and a relative told us the culture in the home was good and the registered manager was approachable. One person who used the service said, "This is a lovely place to live. The manager and all of the staff are wonderful." A staff member said, "The management team in general are a great team to work for. At the weekend if you need advice there is always someone at the end of the phone who you can contact." Staff told us they felt they could approach the registered manager with anything as they were so encouraging and supportive. Staff told us the morale was good and that they were kept informed about matters that affected the service.

The registered manager told us they operated an open door policy and made themselves available to speak with whenever needed. We saw records to confirm that staff meetings had taken place on a regular basis. Senior staff meetings took place on a monthly basis and general staff meetings took place every two months. We saw that discussion had taken place about rotas, staff training, medicines, record keeping and other areas relevant to the needs of people who used the service. Staff told us meetings were well attended and that they were encouraged to share their views and speak up. One staff member said, "We have regular meetings, which are very informative and we can talk about any worries we might have."

The registered manager told us meetings took place with people who used the service and relatives to keep people informed and to encourage people to share their views and ideas. We looked at the last meeting notes of 6 September 2016. We saw discussion had taken place about the flu vaccination, care plans, concerns and issues and Christmas.

The service has recently been accredited with the Gold Standards Framework, which is a national training and end of life accreditation programme. This meant the service was committed to ensuring people and

their family were supported well at the end of life.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Care plans were insufficiently detailed to ensure people's needs were met.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments were insufficiently detailed to ensure that staff had the knowledge to keep people safe.</p> <p>Accident audits did not check for any patterns or trends to enable measures to be put in place to avoid re-occurrence.</p> <p>Personal emergency evacuation plans were not in place.</p> <p>Systems were not in place to make sure people received their medicines as prescribed. The temperature of the room where medicines were stored was not recorded. Guidance on 'as required' medicines was not available.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Mental capacity assessments were not decision specific. Best interest decisions were not recorded in care plans.</p> <p>People who used the service and others were</p>



not protected against the risks associated with ineffective monitoring of the service. Effective governance arrangements were not in place.