

Selly Park Healthcare Limited

Selly Park

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?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 27 and 28 April 2016 and was unannounced. There were 35 people using the service. On the first day the inspection team consisted of four 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 service. On the second day the team consisted of two inspectors and a specialist advisor. The specialist advisor had experience of providing nursing care to people who use this type of service. The inspection was to review how the provider had responded to concerns raised at our last inspection.

At our last comprehensive inspection in October 2015 we found that the care and support provided to the people who used the service required improvement. We identified concerns with the provider's recruitment process and the management of risks which meant people could receive unsafe or inappropriate care. We were concerned with the provider's quality review processes and how people were supported to express their views of the service. Staff appeared busy and unable to support people promptly with personal care or help them to pursue their personal interests. Following the inspection in October 2015 we met with the registered provider to discuss our concerns. The registered provider gave us reassurances and sent us plans about how they would improve to ensure they met the needs of the people they were supporting and their legal requirements.

Selly Park is a residential home which provides nursing care to older people most of who are living with dementia. The service is registered with the Commission to provide accommodation and personal care with nursing for up to 50 people and at the time of our inspection there were 35 people using the service. There was a registered manager at this location. 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 and associated Regulations about how the service is run.

At this inspection we found many things had improved. We observed staff responding promptly to people's requests for support. All the people we spoke with expressed confidence in the new manager and staff told us they enjoyed working at the service. Although we noted some improvements in the number of care staff available to support people and noted attempts to recruit to nursing vacancies there was not the required staff levels identified as necessary by the provider to support the registered manager to deliver the provider's improvement plan. This meant the registered manager had not completed all the actions identified as necessary to improve the service and to meet people's specific needs by the time they told us they would. Although the provider had recruited additional care staff they had not replaced an activities coordinator who left a month ago. There had been a reduction in the number of activities staff which meant that people continued to be at risk of not receiving sufficient support to pursue their personal interests and/or avoid social isolation. You can see what action we told the provider to take at the back of the full version of the report.

The registered manager had conducted assessments to identify if people were at risk of harm and started a programme to review records to ensure they were up to date.

People told us staff responded promptly to requests for support however several members of staff said they needed to spend more time with people in order to promote social interaction and interests.

Staff we spoke with could recognise the signs of abuse. The registered manager and staff understood the process of notifying other authorities when they were concerned a person was at risk of harm. The provider did not ensure the premises were managed appropriately to keep people safe. Medicines were being given as prescribed and stored safely but improvements were needed to ensure medicinal creams were used as prescribed and recorded well.

Staff were knowledgeable about the need to obtain consent. The registered manager had reviewed and updated the providers' policy to ensure people were supported in line with the Mental Capacity Act (2005). The registered manager had approached the appropriate authority when it was felt there was a risk people were being supported in a way which could restrict their freedom.

Staff were supported to maintain their skills and knowledge through regular training and people were supported to access additional health care services when they needed them.

Menus reflected people's preferences and drinks and snacks were available throughout the day.

Although the culture of the home had become more person centred since our last visit care staff were still focused on completing tasks instead of considering people's individual interests and preferences. There was a lack of resources and clear guidance about how to support people to engage in their individual interests. You can see what action we told the provider to take at the back of the full version of the report.

The provider had a complaints process which was displayed around the home. The registered manager reviewed complaints and comments to identify any trends. People said the registered manager had taken action when they raised concerns.

The provider's processes for monitoring and improving the quality of the service had improved, however it did not always ensure a prompt response by the provider when concerns were identified. The provider did not have a robust system to respond to all the concerns in our latest report. You can see what action we told the provider to take at the back of the full version of the 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 safe. A lack of suitable staff had prevented the registered manager from achieving all the service improvements the provider had identified as necessary after our last inspection.

Arrangements to manage the environment did not always protect people from the risk of harm.

People said they felt safe living at the home.

Requires Improvement ●

Is the service effective?

The service was not effective. There was a lack of understanding amongst staff about the role activities could have in supporting people with specific conditions.

People were supported in line with the Mental Capacity Act.

The quality of meal times had improved although further action was required to help people choose what they wanted to eat.

Requires Improvement ●

Is the service caring?

The service was not always caring. Some people were unable to express their views about the care they received because communication aids were not available to help them.

The provider had not always taken action to ensure people's private rooms were tidy and well maintained.

People told us that staff were friendly and spending more time with them.

Requires Improvement ●

Is the service responsive?

The service was not responsive. The group activities were still not suitable to all people who used the service and no alternatives were offered.

There were no formal plans to support everyone to pursue their own individual preferences.

Requires Improvement ●

People said the registered manager and staff responded promptly when the raised concerns about the service.

Is the service well-led?

The service was not well-led. The provider had failed to take robust and timely action in response to concerns raise at our last inspection.

Arrangements for management support and communication were unclear.

People felt the service had improved under the new registered manager.

Requires Improvement 

Selly Park

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 over two days in April 2016 and was unannounced. On 27 April the inspection team consisted of four 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 service. The second day on 28 April the inspection team consisted of two inspectors and a specialist advisor. The specialist advisor had experience of providing nursing care to people who use this type of service. The inspection was to review how the provider had responded to concerns raised at our last inspection.

Before the inspection we reviewed information we asked the provider to send us in response to our last inspection. We also reviewed updates we had received from the registered manager about their action plan. We also checked if the provider had sent us any notifications. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with 14 people who used the service. We spoke with three relatives who were visiting people who lived at the home. We also spoke to the registered manager, three nurses, eight individual members of care staff, an activities co-ordinator, the head cook, and a domestic assistant. We held a group discussion with 28 members of staff. We spoke to a GP and tissue viability nurse who were visiting to support people who used the service. We looked at five people's care records and fifteen people's medication records. We looked at three staff recruitment records and staff training records. We looked at the provider's records for monitoring the quality of the service and how they responded to issues raised. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection we were concerned that there were not enough staff suitably deployed to meet people's personal care needs or engage in positive interactions. At this inspection we found this had improved although we still had concerns. One member of staff we spoke with said, "I now have time to spend with people." Another member of staff said, "For 97-98% of the time we have full staff cover." However one person who used the service told us, "Staff don't have much time to talk with individuals."

We observed that staff were generally attentive and responded promptly to people's requests for support. However we noted on several occasions that people who required to be observed in order to protect them from the risk of harm were left unattended in the communal lounges. The provider had increased the number of care staff in the morning and at night however there were no plans to replace one of the activity coordinators who had recently left the service. This had resulted in no activities being offered at weekends or enough staff to support people to pursue their specific interests. Staff told us they wanted to interact more with people who chose to be supported/remain in their bedrooms to prevent social isolation but still did not have the time to do so. The registered manager said they were relying on volunteers and relatives attending the home to help provide activities.

The provider had been unable to recruit a suitable person to provide planned management support to the registered manager since they joined the service four months ago. This had prevented the registered manager from achieving all the actions the provider had identified as necessary to improve the service. The lack of available staff and the impact this had on the provision of person centred care and delivery of the provider's improvement plan was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with said they felt that they were safe and staff would take action if they felt people were at risk of harm. One person told us, "Nothing bad happens here and I am not allowed to go out on my own so I feel safe." Another person said, "I think I am quite safe here, I don't think people can harm me." A relative we spoke with said, "The front door is always locked."

Staff told us and records confirmed that they received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused including reporting their concerns to external agencies. There was information and guidance about reporting concerns around the home for staff and visitors.

The registered manager took action when people had been identified to be at risk of harm. During our visit a person who used the service returned unexpectedly from a stay in hospital. Care staff had not been given time to prepare for the person's return or identify if the person's care needs had changed. The registered manager told us they would notify the local safeguarding authority that the person had been put at risk of receiving inappropriate or unsafe care. We noted the registered manager took prompt action to ensure the person was supported in accordance with their needs.

Staff we spoke with were knowledgeable about the risks presented by people's specific conditions and how they would manage these risks. At our last inspection we were concerned that the lack of current and accurate records placed people at risk of receiving incorrect support. At our latest inspection we found this had improved. We reviewed the risk assessments for five people and found they were up to date and provided suitable guidance for staff to minimise specific risks to people such as falls or pressure sores. Nursing and care staff we spoke to were able to explain how they used the information in these assessments to keep people safe.

Arrangements to manage the environment did not always protect people from the risk of harm. In one instance we found a side panel was missing from a bath which exposed people to rusting and sharp fittings. Many surfaces in communal areas and people's bedrooms were broken which exposed people to the risk of injury and infection. Store rooms were locked preventing people from accessing products which could cause them harm however a door to store rooms in the loft was still unlocked. We raised this concern at our last inspection because there was a risk that some people who used the service could access this area and become disorientated and lost for a significant time. During our visit a member of the maintenance team was repairing a lock to prevent people from accessing steep stairs to the cellar and kitchen.

We reviewed the provider's recruitment process and saw this had improved since our last visit. We looked at the recruitment records of three members of staff who had recently started working at the service. The registered manager had recorded the outcome of interviews and evaluated the suitability of applicants against a set assessment criteria. This helped the manager to identify the support new members of staff may require to care for people safely. The manager had sought evidence of applicant's qualifications and had obtained references and conducted checks to identify if applicants had any criminal records. When necessary the registered manager had requested further information in order to assess if an applicant was suitable to support people who used the service.

We observed medications were administered by the nurses at the service. Three nurses we spoke with told us they received regular medication administration training and felt confident to support the medication needs of the people who use the service. We saw that protocols were present for nursing staff to follow when administering medicines as required and there were no gaps in recordings of medicines given. Records were always signed by two members of staff to confirm that medicines had been given and a count of the controlled medicines showed the quantities held matched the nurse's records. This indicated people had received their medication as prescribed.

Medicines were securely stored in lockable trolleys or cupboards as appropriate in a dedicated treatment room. This kept people safe from accessing medication inappropriately. The provider had taken action after our last inspection to store medicines that required refrigeration at the correct temperature to ensure they remained effective.

Procedures for the recording of medicinal creams were unclear. A number of people were prescribed topical medications and records showed that creams were applied by care staff. Staff had recorded, 'creams applied' but it was not possible to check that all the correct creams had been applied as prescribed. A member of care staff told us, "It is confusing, there are different types of creams not being identified, we are not able to say if more than one cream has been applied". They also stated that they had found creams in bedrooms that were not included in people's medication records however these were removed after consultation with nursing staff.

Is the service effective?

Our findings

All the people we spoke with told us staff were knowledgeable and knew how to support them. A healthcare professional said new staff quickly learnt how to support people in line with their care plans. One person told us, "Staff are excellent and very supportive." A relative said, "The quality of care is marvellous. I have nothing to complain about."

Staff told us that they received regular training to maintain their skills and knowledge. During our visit we observed an external training provider conduct manual handling training with 28 staff. This provided staff with the skills to safely support people with their mobility. Staff received further guidance at supervision meetings. Staff told us and records showed these had become more frequent since our last inspection. Care staff told us they were encouraged to seek guidance from nursing staff when necessary and felt comfortable to do so. Members of staff had undergone additional training with health care professionals when necessary so they could continue to support people as their care needs changed.

During our inspection we had several discussions with the registered manager, care staff and activities coordinator about the role activities had in promoting people's general wellbeing and health. It was evident that staff did not have an understanding of the therapeutic role meaningful activities could have to support people with specific conditions such as dementia. Staff regarded activities as a means of only providing entertainment or personal care such as hairdressing to people. During our visit the activities coordinator arranged a, 'pyjama day,' when residents and staff would wear their pyjamas. They could not however explain what benefit this would be to the people who used the service or how it would improve their wellbeing or conditions. On the day we noted that people had not been supported to take part and only the activities coordinator was wearing their pyjamas.

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 so that they can 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 our last inspection some people were being supported contrary to the MCA however we saw this had improved. The manager and the staff demonstrated that they were aware of the requirements in relation to the MCA. No one who used the service was subjected to a DoLS order however the registered manager had contacted the local safeguarding authority when there was a risk that the care a person received could have restricted their freedom. We noted more staff were available to respond to people's expressed preferences and that most people had access to mobility aides which enabled them to move when they wanted. Although we noted on some occasions walking frames were placed out of reach of the people they were

intended for without checking that they would be able to ask for them if needed.

We saw that staff usually sought consent from people before supporting them however there were several occasions when staff appeared busy and they did not ask the person their views before providing care. The registered manager had reviewed the service's policy to assess people's mental capacity to provide consent and records showed that when people were assessed as lacking mental capacity they had involved advocates and family members to ensure people were supported appropriately.

At our last inspection we were concerned that mealtimes were not promoted as pleasant and sociable experiences. We saw some improvements had been made. One person who used the service told us, "After your last visit we now get a cup of tea with our meals." Staff told us they had more time to support people at meal times and we saw that lunch times were calm and staff were supporting people to eat when necessary. The head cook was aware of what people liked to eat and we saw that people were given meals they had specifically requested even though they were not on the menu. We observed the kitchen staff approach people at the service to ask what they wanted to eat and if they were happy with the food. People were given a choice of cups depending on their preferences and abilities. However there were no menus available to inform people what they were eating or communication aids to help people choose their meals. The registered manager acknowledged these omissions and told us they wanted to introduce these items shortly.

People received the nutrition they needed to keep them well. The chef was aware of people's specific requirements such as soft and pureed diets to ensure they ate enough and reduce the risk of choking. Although there were set meal and drink times we saw that people were supported to eat and drink outside these set times in order to maintain their wellbeing.

People told us they were supported to access additional health care services when they needed them. A nurse told us, "We are prompt at calling out the GP, we also call the family and update them." A GP who was visiting people who used the service told us that staff would always contact them promptly if people's conditions changed. Another health professional said that staff were knowledgeable about people's care needs and would follow their instructions. We reviewed the care records of a person who we identified at our last inspection as not being supported in line the recommendations of a visiting health professional. These showed they were now being supported in accordance with the latest advice and a nurse we spoke to was able to explain how they supported the person in line with this guidance. Records showed that other health care professionals regularly visited the service such as opticians and dieticians. This ensured that people received expert advice and support when they needed it.

Is the service caring?

Our findings

People we spoke with said that staff were pleasant and relatives said they were very happy with how staff supported the people who used the service. One person said, "Staff are kind and friendly." Another person told us, "I appreciate their kindness and I'm grateful that they are always polite."

At our last inspection we were concerned that staff were too busy to spend time with people however we saw this had now improved. We observed a member of staff bring a person a hot drink which they knew was their favourite and another member of staff bring a person a cardigan saying, "In case you get chilly." Staff we spoke with said they now had more time to spend with people since the number of care staff had increased. We did on occasion observe staff still entered communal areas without acknowledging people.

We noticed that staff were happier since our last inspection and appeared to enjoy doing their tasks. This was reflected in positive engagements with the people they were supporting. One member of staff told us, "I love the people here. It's why I come to work." Staff told us that the atmosphere in the home had improved since the new registered manager arrived.

The registered manager had introduced a programme to regularly conduct reviews with people about the care they received. People were offered the opportunity to be supported by people who were important to them in order to help express their views. Some of the people who used the service were unable to say how they felt but there were no communication aids provided to help them express their views. This did not support all people to contribute their views and express how they wanted to be supported.

The registered manager had introduced relative and residents meetings to support people to express their views of the service. A relative of a person who used the service told us that they also, "Feel like part of the home." Records showed meetings were well attended and comments were generally positive. Actions taken as a result of these meetings were fed back via a 'You said, We did,' board in reception. This enabled people to review how the service was developing and comment on the actions taken by the registered manager. When necessary the registered manager had taken action to ensure information about people's specific conditions were not discussed in public. This respected people's right to confidentiality. We saw evidence that the registered manager was planning to conduct an annual survey to obtain people's views of the service.

Since our last visit the registered manager had taken action to identify when people wanted their bedroom doors left open or closed. Staff we spoke with could explain people's choices and we saw this was reflected in practice. This respected people's right to privacy. We noted that people appeared well groomed and tidy. This supported people's dignity and self-esteem. Most people's bedrooms were tidier than at our last visit and staff had taken time to sort and display items which were important to people. We noted that some poor fittings had been replaced which had improved people's personal environments although there were still several broken fittings and furnishings in some people's bedrooms and around the property. At our last inspection we noted that some people's medical supplies were not unpacked or put away promptly which compromised people's right to confidentiality. We saw that in some instances this was still the case. The

registered manager told us there was a lack of storage space in some people's bedrooms. The provider was still using policies from another provider had not introduced their own policies and guidance for staff about how to support the privacy and dignity of the specific people who used the service. This did not support staff to understand or know how to comply with the provider's own policies.

Is the service responsive?

Our findings

At our last inspection we were concerned that there were no formal process's to support all the people who used the service to engage in their expressed preferences for activities. At our latest inspection we noted this had not improved. There was a programme to provide group activities during the week which included religious worship and hairdressing. People told us there were no group activities at weekends. One person said, "It's dead here at weekends." The group activities were still not suitable to all people who used the service and no alternatives were offered and there were no formal arrangements to support people to engage in their individual interests. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were no plans to support all the people who lived in their rooms to pursue activities they enjoyed or to help prevent social isolation. Several staff we spoke with regarded it as the activity coordinator's role to support people to engage in activities they liked. Therefore there was a risk that people would not be supported when the activities coordinator was away or busy supporting other people. One person who was supported in bed told us, "I am bed bound and what you can see through the window is staff who are very busy. I feel very lonely."

However, some people told us that they were supported to engage in individual interests outside the service such as visits to the theatre. One person told us, "I am going to see, 'Mary Poppins' in July." Another person said they were supported to engage in activities which promoted their independence such as visiting a local bank and going shopping. We later saw this person being supported to use a computer. Although staff we spoke with could tell us how they supported some people to engage in activities they knew they liked there were no formal plans to support everyone to pursue their own individual preferences.

At our last inspection we saw that several activities were taking place at once which made it difficult for people to follow their own chosen activity. We noted this had improved. On one occasion when a person was supported to listen to their choice of music, staff switched off a television in the lounge after consultation with other people.

Most of the people we spoke with said they were happy at the service and felt staff responded appropriately to their care needs. People told us they were involved in establishing care plans and expressing their personal preferences. People told us they were supported to follow their religious beliefs and were supported with foods that reflected these and their cultural preferences. The registered manager had started a programme to review care records so they would contain up to date information for staff about people's interests and how they wanted to be supported.

People's requests for support were usually responded to promptly and staff told us this was due to the provider increasing the number of care staff employed after our last inspection. Care records sampled had been updated when people's needs had changed and we saw evidence that staff were aware of people's forthcoming care appointments. This enabled staff to respond appropriately to people's current care needs.

People we spoke with said that the registered manager responded promptly to concerns. A group of staff we spoke with said concerns they had raised prior to our last inspection had now been resolved and expressed confidence in the registered manager's ability to manage concerns appropriately. A member of staff told us, "The atmosphere in the home is very welcoming and warm, you don't feel strange. I just felt like I fitted in." Another member of staff said, "They [staff] are a good bunch to work with."

The registered manager maintained logs of complaints and incidents such as falls. We noted however they were not always fully completed. This meant that there was a risk that the registered manager may not identify adverse trends and the actions required to reduce the risk of them happening again. There was a complaints process and we saw this was displayed around the home. Details about the provider's complaints process was also included in information given to people and their families when they first started to use the service. However the complaints process was not available in different formats to meet some people's specific communication needs. The registered manager had introduced processes which ensured they had regular contact with people who use the service, their relatives and staff. This gave people regular opportunities to express concerns, complaints and their experiences about the service.

Is the service well-led?

Our findings

The provider's processes for monitoring and improving the quality of the service were not robust. The provider had failed to take robust and timely action in response to concerns raised at our last inspection in order to improve the quality of care people received. The failure to assess, monitor and improve the service and mitigate any known risks was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had produced a plan of how they would respond to concerns raised at our last inspection and had provided us with additional updates. Some actions were still outstanding or had not been completed as planned. The provider's monitoring process had not identified that some staff were still using a previous care provider's uniforms or that policies and audits had not been updated as planned. Records showed that when risks to people's health such as unlocked doors, broken windows, fittings and furniture and low boiler temperatures had been reported to the provider no plans had been put in place to make these safe or improve people's living space. Some of these issues had been reported to the provider in our previous report and records showed that they had also been reported by the registered manager and provider on several occasions. We could find no evidence of how the provider was planning to respond to these concerns.

There was no evidence that the provider had identified when there was a risk that tasks necessary to improve the service would not be completed on time. The provider had not prioritised their actions to ensure our most urgent concerns such as supporting all the people who used the service to engage in their individual interests would be addressed promptly or ensure adequate resources were available. The provider had not reviewed their action plan or identified alternative strategies or additional resources. Planned additional management resources had not been made available to support the registered manager implement improvements to the service. This meant the provider's improvement plan was at risk of not being completed within the necessary timescale.

The provider did not promote a clear management structure and ensure there were good lines of communications. The registered manager was off site when we first arrived at the service and staff on duty were unable to confirm which of them had overall charge of the service when the registered manager was unavailable. During this time it was also unclear who had responsibility for ensuring there were enough staff on duty when the registered manager was away. A member of the cleaning team was absent when we arrived and cover for the absence was being arranged by the administrator. However, no one could not identify if an alternative member of staff would be approached to provide cover or who would arrange this. The registered manager told us the regional manager visited the service each week and conducted some audits but their results were not always discussed with them. Care staff told us that they received no additional remuneration when they were required to perform in a senior role. This did not encourage them to fulfil the responsibilities of their position. The registered manager and staff told us that they had on occasion been instructed by the provider to show people around the home. They told us they had not been informed of the purpose of these visits. This had led to some staff telling us they were worried about the future of the service and their jobs.

All the people we spoke with expressed confidence in the registered manager and felt the service had improved with her joining. One member of staff told us, "She is always out on the floor." Another member of staff told us, "It is much better now." People who used the service said they had regular contact with the registered manager and said they were encouraged to express their opinions about the quality of the service. We saw that the registered manager had introduced formal systems to help people regularly express their views at regular meetings however there were no communications aides available for people who could not verbalise their views. The registered manager understood their responsibilities to the commission and had knowledge of the events they were legally required to notify us of. We noted the provider had fulfilled their legal responsibility to display our latest review of the service in a prominent position in the home. The provider had taken prompt action to ensure a new manager was recruited and registered with the Commission when the previous registered manager left the service unexpectedly.

The registered manager had introduced an audit programme to ensure some tasks such as care record reviews, user meetings and staff supervisions were conducted regularly. This helped the manager to review the quality of the care people received. Some reviews had been delegated to members of the nursing team as part of their professional development and to encourage a team approach to improving the service. We noted however that not all care plan reviews had been conducted within the planned time scale, and a recent medication audit had not identified that records did not contain sufficient information to ensure people received their creams as prescribed. The provider's audit programme was not effective at identifying and how and when the service needs to improve.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The care service users received was not designed with a view to achieving service user's preferences and ensuring their needs were met. Regulation 9 (3)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider did not ensure they had robust systems to assess, monitor and improve the quality and safety of the service. Regulation 17 (2) (a).</p> <p>The provider did not ensure they had robust systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17 (2) (b).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	There were not sufficient numbers of suitable qualified, competent, skilled and experienced person's deployed in order to meet the requirements of service users. Regulation 18 (1)