Orchard Care Homes.com (3) Limited

Bryan Wood

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

This inspection took place on 28 September 2015 and was unannounced. The service was last inspected on 24 July 2014 and at that inspection we found the service was meeting all the legal requirements.

Bryan Wood provides accommodation and personal care for up to 38 people. There were 34 people living at the home on the day of our inspection. Accommodation is provided in an extension to the main Victorian house over two floors, with one floor designated for people living with dementia. There are also a small number of bedrooms in the Victorian part of the building accessed by a passenger lift.

There was a registered manager who had been registered since August 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

All the staff we spoke with demonstrated a good understanding of how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents.

We saw some risks assessments had been completed well such as the risk around a person self-administering medication. But other risk assessments had not been completed fully such as around moving and handling.

We found all necessary recruitment checks had been made to ensure staff suitability to work in the home.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. We found that there were people who may be deprived of their liberty at the home, but no applications for authorisations had been submitted to the local authority. In addition capacity assessments had not been completed for all the people at the home who lacked capacity which meant the home was not complying with the Mental Capacity Act 2005.

Staff had received an induction, training, supervision and appraisal to ensure they had the skills to perform in their roles.

Food was all freshly prepared and choice was offered at mealtimes. However, we observed one person who required support at meal times was not supported and staff had recorded the person had eaten their pudding when we had observed they had not done so.

We found staff to be compassionate and caring when dealing with the people who lived at Bryan Wood.

Staff we spoke with demonstrated they were aware of the needs of the people they were supporting and their individual personalities and preferences.

The activities coordinator engaged with people to ensure activities were meaningful to the people who lived there and they were innovative in their approach to planning activities.

We found an inconsistent standard and quality of recording which meant that in some cases people's needs and preferences were well recorded and in others information about the needs of the person was missing.

Staff spoke highly of the new registered manager and told us they were approachable and listened to them.

We found the registered provider completed detailed audits of the home and identified actions to be completed to raise the quality of the service. However, the manager audits missed the quality information which would enable the registered manager to identify and resolve issues in between the registered provider's audits.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this 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 always safe.

All the staff we spoke with demonstrated a good understanding of how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents.

We saw some risks assessments had been completed well such as the risk around a person self-administering medication. But other risk assessments had not been completed fully, such as around moving and handling.

We found all necessary recruitment checks had been made to ensure staff suitability to work in the home.

Is the service effective?

Requires improvement

The service was not always effective.

Staff had received an induction, training, supervision and appraisal to ensure they had the skills to perform in their roles.

There was a lack of recorded capacity assessments and no one at the home was subject to a Deprivation of Liberty Authorisation, although we had observed that there were people living there whose liberty might had been deprived or restricted.

We found the home had not supported a person at lunchtime who required assistance to eat, even though they had been identified as high risk of malnutrition.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion.

People's dignity and privacy was respected and staff were aware of the importance of involving people in the care they provided.

Staff supported people to remain as independent as possible during everyday tasks.

Is the service responsive?

Requires improvement

The service was not always responsive

Staff were aware of the needs of the people they were supporting and their individual personalities and preferences.

The activities coordinator engaged with people to ensure activities were meaningful to the people who lived there.

Summary of findings

Standards of recording were inconsistent and in some cases we found a lack of recording, which meant there was no evidence to support the care provided.

Is the service well-led?

The service was not always well led.

Staff spoke highly of the new registered manager and told us they were approachable and listened to them.

We found the registered provider completed detailed audits of the home and identified actions to be completed to raise the quality of the service. However, the audits carried out in the home missed the quality information which would enable the registered manager to identify and resolve issues in between the registered provider's audits.

Requires improvement

Bryan Wood

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 28 September 2015 and was unannounced.

The inspection team consisted of three adult social care inspectors and a Specialist Professional Advisor with expertise in mental capacity assessments and medication.

The registered provided had been asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who lived in the home. We used the Short Observational Framework for Inspection (SOFI) to observe the lunch time meal experience in one of the communal dining areas. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the cook, the assistant cook, a domestic, the laundry assistance, the registered manager, the deputy manager, the activities coordinator and two care staff.

We also spoke with 10 people who used the service and with two visiting relatives. We reviewed 15 care records. We also reviewed the records related to the running of the service such as maintenance records and also the recent audits that had been completed relating to the quality of the service provided.

Requires improvement

Is the service safe?

Our findings

We asked people lived at Bryan Wood whether they felt safe. People we spoke with told us they felt safe but they told us they felt there was a shortage of staff at times. One person told us "Yes, safe but short staffed at weekends." A second person living in the dementia unit told us "I have a buzzer around my neck. I press this and they come in. They come straight away". However, this experience was not shared by another person we spoke with who preferred to spend most of the time in their bedroom situated in the old part of the building accessed by the lift, who told us "I feel safe here, but they never come and check you're alright. When I've rang the buzzer I've waited half an hour to an hour. There isn't enough staff to get about. I could be laid on the floor and they wouldn't know."

The registered manager told us they had enough staff to meet the needs of the people who used the service. They told us there were always two senior staff on duty, and four care staff during the day and one senior and three care staff during the night shift. On the day of our inspection four of the people who lived in the home required two staff to assist with personal care tasks and mobility. The registered manager told us they did not use a dependency tool to determine staffing levels, but the decision was made between the manager and the deputy manager. The deputy manager was responsible for ensuring there were enough staff on the rota and there was a defined budget for staffing. The registered manager told us they used staff from one particular agency if they required additional staff to ensure the agency provided staff who were familiar with the service and the people who lived there. They told us they were trying to build up the number of bank staff on their books to reduce the use of agency staff.

We asked staff about their understanding of safeguarding. All the staff we spoke with demonstrated a good understanding of how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents. One member of staff we spoke with described the types of abuse they might find in a care home such as financial, emotional, physical, and sexual abuse. The registered manager described three recent safeguarding incidents at the home. They could tell us what they had done as a result of this incident to ensure the safety of the people who used the service. This showed the home had robust procedures in place for identifying and following up allegations of abuse, and staff demonstrated knowledge of the procedures to follow.

The registered manager told us they, the deputy manager and the senior staff completed the risk assessments. They told us they completed risk assessments for any activity which may present a risk, such as for people who smoked, people who had kettles in their bedrooms, for bed rails, those at risk of malnutrition, and at risk of pressure areas. We did not find any specific individual risk assessments around the use of assistive equipment, and two files we looked at had incomplete risk records. This meant the home could not evidence it had assessed or managed the risk to those people.

The registered manager told us one person at the home had the capacity to self-medicate. We saw prior to self-administration a risk assessment had taken place and further reviews had been conducted following discussion with the person when they were experiencing difficulties. We saw a GP and pharmacist had been involved in the process. This demonstrated the registered provider had managed the risk in this situation without overly restricting the person's wishes to continue to manage their own medicines.

The registered manager told us two members of staff had recently attended the 'train the trainer' course for moving and handling and would be updating all the moving and handling care risk assessments and care plans. In one file we found there was no moving and handling risk assessment or care plan for a person who required the use of a hoist for transfers. We raised this with the registered manager who assured us this would be completed immediately.

We looked at the accidents and incident records at the home and found there had been a high number of falls. The registered manager told us they had taken advice from the falls prevention team regarding some of the people who used the service, and although the area quality manager was analysing the incidents for themes, there was a lack of evidence that measures had been put in place to reduce the number of falls. For example, on the dementia unit we noticed a spilled drink on the floor. The carer present had put a coloured cone on the spill, whilst they waited for someone else to clean it up, leaving a potential hazard for the people who lived there who might not understand the

Requires improvement

Is the service safe?

purpose of the presence of the cone. We raised this with the registered manager who advised us he would reinforce the message to staff to ensure all spills were immediately cleaned up.

We looked at three staff files and found all necessary recruitment checks had been made to ensure staff suitability to work in the home. For example, we saw evidence in each file that Disclosure and Barring Services (DBS) checks had been undertaken and two references received for each person. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

The home had recently undergone an audit around infection control by the local health authority and actions had been put in place as a result of this audit. All staff had undergone in house training around infection control and the registered manager and the team leader had undertaken observations of staff to make sure they were wearing the correct personal protective equipment, appropriate use of protective gloves and washing hands on a regular basis. Improvements had been reported. However at the start of our inspection we observed there was no soap in one of the staff toilets and an old bar of soap in another. Both liquid soap dispensers were empty. We raised this with the registered manager at the start of our inspection but the liquid soap dispensers had not been refilled by the end of our inspection day. This is not in accordance with good practice hand washing guidelines.

We looked to see how the service was managing people's medicines. We reviewed the provider's medicines policy which demonstrated the provider had taken steps to ensure they complied with current legislation and best practice in the administration of medicines. We found medicines were administered to people by trained care staff. Most medication was administered via a monitored dosage system supplied directly from a pharmacy. Individual named boxes contained medication which had not been dispensed in the monitored dosage system. We inspected medication storage and administration procedures in the home and found the storage cupboards were secure, clean and well organised. We saw the controlled drugs cupboard provided appropriate storage for the amount and type of items in use. The treatment room was locked when not in use. Temperatures of the medicines fridge and the clinic room were checked daily to ensure medicines were stored at the correct temperature.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. We saw controlled drug records were accurately maintained and the giving of the medicine and the balance remaining was checked by two appropriately trained staff.

We saw 'as necessary' (PRN) medicines were commonly supported by written instructions which described situations and presentations where PRN medicines could be given. However we found some PRN medicines not supported by clear instructions or guidance on the form was incomplete. We brought this to the attention of the manager. We carried out a random sample of supplied medicines dispensed in individual boxes and found the stock levels of the medicines were accurately recorded. We reviewed records of medicines no longer required and found the procedures to be robust and well managed.

Our inspection revealed inadequacies in the lay-out of the laundry which impacted on the ability to separate dirty and clean laundry. The manager acknowledged the deficiency and showed us the enabling works that were being put in place to create a safer environment and the local infection control team was supporting the registered provider in the design of the laundry to meet current good practice guidelines.

Requires improvement

Is the service effective?

Our findings

We observed the lunchtime meals in both dining areas. Tables were laid out with table cloths, cutlery and condiments. Sauces were in individual sachets which we observed people found difficult to open. We asked the people who lived there about the food and availability of drinks at the home. One person said “The food is very good”. We asked people whether they liked the soup served at lunch time. One person said “There’s too much pepper in it for me” Another person said “ It doesn’t taste of anything”. Another two people told us how much they had enjoyed the soup, which had been prepared from fresh ingredients. People were offered a choice of two meals at lunchtime, with minestrone or vegetable soup as a starter, and fish or braised steak as a main course. People who had chosen fish as a main course had not been served this before those who had chosen braising steak had finished which meant people were becoming impatient to eat. People were offered a choice of juices at lunchtime and a cup of tea after lunch. One person said “Oh yes there is plenty of tea, coffee and juice available”. Another person told us: “They used to give us drinks of apple juice from cartons and now they give us diluted juice that is watered down”.

We reviewed one person’s care notes as part of our inspection and found this person had lost a significant amount of weight. As part of our inspection, we observed this person during lunchtime. Our observations concluded this person had not been supported to eat their lunch and they had not been given a pudding. However, the care staff had recorded the person had ‘eaten all their rice pudding’. We told the member of staff the person had not eaten the pudding as recorded and they responded they had written this automatically. We raised this with the registered manager who told us the staff should have supported the person to eat and would take up the issue with inaccurate recording with the staff to ensure accurate monitoring of food intake. We found this demonstrated a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Meeting nutritional and hydration needs.

We looked at three staff files and associated electronic records and found staff had completed a comprehensive induction. This included information on health and safety, fire safety, moving and handling, mental capacity and Deprivation of Liberty Safeguards (DoLS) and dementia awareness. The deputy manager told us new staff shadowed experienced staff for six shifts before being placed on the staffing rota. This showed us new staff were supported to develop into their roles.

We also saw evidence that all staff had received a recent annual appraisal. Staff told us they had supervision with senior members of staff or with the registered manager and we saw recorded evidence of this during our inspection. The registered manager told us at supervision they looked at the wellbeing of staff, concerns they might have and training undertaken. They also focused on future training requirements and supported staff to obtain additional qualifications to ensure they could progress in their role. Regular supervision of staff is essential to ensure that the people at the service are provided with the highest standard of care and the registered manager demonstrated this was happening at this service.

We looked at the online training record for three staff. This information detailed when the member of staff had completed training and when this was due to be refreshed. The registered manager told us they looked at the online system to monitor when staff training was due and they organised this accordingly. The registered provider had their own learning and development programme called Orchard World of Learning. This involved a mixture of online theory with a test at the end to ensure staff had understood what they had learnt. This showed the registered provider had a system in place to monitor the performance and development needs of staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We found none of the people who lived at the home were subject to an authorisation under a DoLS despite our observations that people were subject to restrictions to their liberty. We found only one person had been formally assessed as to their mental capacity which would allow an application to be made. Some care plans recorded diagnoses and other indications of reduced mental capacity and care plans detailed people were for their own safety, under constant supervision. We found staff lacked an understanding of the Supreme Court Judgement and

Requires improvement

Is the service effective?

how to apply the 'acid test' to the people who lacked capacity in their service who might be deprived of their liberty. We discussed our findings with the registered manager who assured us a review of the need to apply for authorisation for DoLS would be undertaken without delay.

We found most of the staff at the service had a good understanding around mental capacity to consent to care and how to follow a best interest process. They told us this was recorded in the care plan which showed how care and treatment should be provided, although we found only one formal capacity assessment in the files we looked at. Two members of care staff we spoke with did not have the knowledge and skills or an understanding around best interest decision making although they demonstrated to us in our discussions that they were acting in people's best interests when supporting them to make choices in their everyday lives. We discussed our findings with the registered manager who told us they would ensure capacity was assessed in line with legislation to ensure the process laid down in the Mental Capacity Act 2005 was followed.

However, the lack of capacity assessments and consideration of DoLS demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For those people who used the service who had capacity we observed they were able to express their views and make decisions about their care and support. We saw staff seeking consent to help people with their needs. Our discussions with staff, people using the service and observed documentation showed consent was sought and was appropriately used to deliver care. People's comments included; "I enjoy living here, I am free to make choices about what I do but am content to remain in my room and paint" and "There is nothing wrong with this place".

The home was split into three sections, the older building providing accommodation for people with a physical disability, whilst the newer part of the building accommodating people living with dementia. The unit supporting people with dementia had been designed with contrasting colours and equipment to assist people with orientation. For example, the colour and choice of flooring materials contrasted with the colour of walls and furniture. Toilet and bathrooms doors used pictures and words of a size easily recognised. People were able to see a large clear orientation board which told people the day and date. These measures helped people who may be trying to make sense of the world around them and as a result add quality to their lives. The lounge in the dementia unit benefitted from patio doors which gave access to a well-furnished outdoor space.

The bedrooms in the new units were en-suite but small, and visiting nursing professionals commented that the layout made it difficult to utilise equipment such as a recliner chair but also limited space to move the bed into the middle of the room to access both sides of the bed to turn a person. We also noted in one of the accident reports that staff had assisted one person to stand following an accident as staff were unable to get the hoist into the bedroom. We discussed the comments from the community nurses with the registered manager who told us they had arranged a meeting with the district nurses to discuss their concerns.

Good

Is the service caring?

Our findings

People told us they received good support delivered by caring staff. One person told us “They are all very friendly” and another said “Staff are caring.” Throughout our inspection we saw people were treated with respect and in a kind way. We saw staff spoke with people patiently and respectfully and we saw staff engaged with people with care and compassion. Conversations were held at face level and staff used effective means of communication.

The staff were friendly, patient and discreet when providing support to people. We saw staff took time to speak with people as they supported them and people’s privacy and dignity was maintained. Staff told us they did this by “respecting their wishes, explaining what you’re doing, covering people with a towel and closing the curtains.”

We asked how the staff maximised people’s independence. They told us they tried to encourage people to do as much as they could for themselves. They would prompt the person do the activity for themselves rather than doing it for them. We observed there was a range of assistive equipment at the home to promote independence.

We asked about equality and diversity and how people were supported in relation to their religious and cultural needs. The registered manager told us local church groups were involved with the home. They also said they were looking at menus specifically to meet the needs of the people who lived there with a West Indian heritage. This showed us the registered manager was considering the cultural and religious needs of the people who lived at Bryan Wood.

We scrutinised a random sample of six care plans which recorded whether someone had made an advanced decision on receiving care and treatment. The care files held ‘Do not attempt cardio-pulmonary resuscitation’ (DNACPR) decisions. The correct form had been used and was fully completed recording the person’s name, an assessment of capacity, communication with relatives and the names and positions held of the healthcare professional completing the form. We spoke with staff that knew of the DNACPR decisions and were aware that these documents must accompany people if they were to be admitted to hospital.

Requires improvement

Is the service responsive?

Our findings

We asked the people who lived at Bryan Wood about the activities on offer during the day. One person told us "There's lots going on. I go to the one's I want to". Another person told us "There were dominoes this morning. I didn't play but it was here. I watched a film at the weekend. It was a great film. I enjoyed that". However, one person in the old section of the home told us "Last week someone came to do chair exercises but I didn't know about them." In addition they told us they wanted someone to take them out into the garden but there were not enough staff to support this activity. We raised this with the registered manager as although the activities were listed on the notice board, not everyone was accessing these boards.

During our inspection we spoke with the activity coordinator who told us they worked five days a week and spent half the day on the upstairs unit and half a day on the downstairs unit. They told us they sought the views of the people who lived in the home to determine what activities to undertake. We saw people taking part in activities during our inspection which they clearly enjoyed. We saw evidence that the activities coordinator was engaging with people to ensure activities were meaningful to the people who lived there and they were innovative in their approach to planning activities. They involved the local community in activities and children from the local school came in to bake, plant pots and to assist with art work.

Staff we spoke with demonstrated they were aware of the needs of the people they were supporting and their individual personalities and preferences. They told us how they supported people to make choices in their everyday lives taking into account their views and preferences which demonstrated they were providing person centred care.

As part of our inspection process we reviewed eight care plans in detail. We found the standards of recording to be very mixed. For example, on the dementia unit we found care plans recorded what the person could do for themselves and identified areas where the person required support. Life histories had been hand written by close relatives which ensured staff knew the history of the people who lived there. These care plans had sufficient detail to ensure staff were able to provide care consistently and we observed good correlation between what the care plan required and the care given and consistently recorded.

We reviewed the care file of a person who had lived there for several months initially on respite but following a recent review the decision had been made to live there permanently. This person's records were incomplete and many sections had not been completed at all or updated to accurately represent their current needs. This person had sustained several injuries whilst living at the home and none of this information had been added to their care plan. We also asked to review a care file for a person who had moving and handling needs. We found no updated moving and handling assessment or care plan in place to ensure staff had the guidelines to follow to ensure they moved the person safely. We also reviewed a care file of a person who had bruising on the front of their shins, but this was not recorded on their body map. The poor recording was brought to the attention of the registered manager who told us all staff were to receive additional training around recording practices. The inconsistent standard and quality of recording demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us the service had a complaints procedure, which was available to people and their relatives. We looked at the complaints register to find one written complaint had been received since January 2015. The subject of the complaint was a lost personal item. The file contained correspondence with the complainant which showed the provider had dealt with the matter effectively and in a timely manner. An apology was given. People who used the service had told us they had raised concerns with the registered manager or deputy. None of these informal concerns had been recorded as they had not been recognised as complaints. We discussed this with the registered manager as recording informal complaints would enable the service to evaluate the quality of the service provided.

Requires improvement

Is the service well-led?

Our findings

The registered manager had been in post for just under a year at the time of our inspection and had been registered since August 2015. They told us the culture of the home was one of openness. They told us they promoted good team working and had an open door policy. They encouraged staff, people who used the service and relatives to raise any concerns directly. Their vision for the service was to develop staff to ensure good practice and to get the people who used the service out into the community. The registered manager told us they had tried to build community links. They had held a fine dining evening with eight people who lived at the service and two people from the local community. The people who used the service planned the menu and grew the herbs to be used for the recipe.

Staff spoke highly of the registered manager and said they felt confident they would act on any concerns they had. They described the registered manager as approachable. All the people who lived in the home told us they would have no hesitation in going to the registered manager or the deputy manager if they had any concerns. The registered manager told us "I have an open door policy. I do walk around first thing in the morning, see people at breakfast and go around the whole house. I also do a walk around lunchtime." We found the registered manager knew the people in the service well and their likes and preferences.

We reviewed the minutes of the latest senior staff meetings held on 18 June 2015 and 28 August 2015. These showed discussions were held about recruiting designated champions to champion issues such as dignity and sight. They also discussed the most recent registered provider service audit and the required actions, the home's documentation and staff welfare issues. The August meeting focussed on the findings of the Infection Control audit and the actions staff were required to make to resolve the issues. We also reviewed the minutes of meetings held with domestic staff, the kitchen staff and the care staff. These minutes showed the registered manager was listening to and acting on concerns raised by staff and putting actions in place to improve the quality of the service. Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service.

Relatives we spoke with and people who lived at Bryan Wood told us they had not been asked to complete any surveys to obtain their views on the quality of the service. The registered manager had placed a box next to the main door for people to submit their comments but told us no one had completed any surveys. They had not actively sought the views of people or their relatives. This meant there was no evidence that feedback was being monitored or analysed for trends or concerns which may require further action.

We reviewed a detailed audit conducted by the registered provider's compliance officer which had been undertaken in July 2015. This highlighted many of the concerns we found during our inspection and although many issues had been rectified, there were still on-going systemic issues which could impact on the safe care and treatment of the people using the service. We found many audits had not been thorough. We found incidents and accidents were not investigated thoroughly to identify themes to reduce further incidents. There were a high number of falls, with no detailed analysis around the circumstances of the fall to identify the cause of the fall and preventative measures.

Our findings with regard to the incomplete and inaccurate case records demonstrated there was no systematic approach to auditing care plans and daily log records. Records relating to people who used the service were not accurate enough to withstand scrutiny. Systems and processes were not robust enough to ensure full compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This had also been evidenced in the recent infection control audit which found the audits completed at the home had been inadequate and had not highlighted issues with infection control. This evidenced a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We inspected records of lift and hoist maintenance which recorded all maintenance checks and servicing had taken place. We also reviewed records which confirmed electrical hard wiring and gas services had recently taken place and all portable electrical equipment testing was up to date.

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 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs **People who use services and others were not protected against the risks associated with poor nutrition.**

Regulated activity	Regulation
	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Records were incomplete, inaccurate and not contemporaneous.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **There had been a lack of compliance to the Mental Capacity Act 2005**