SVP Health Care Limited

Beechwood Care Home

Inspection report

Earsdon
Whitley Bay
Tyne and Wear
NE25 9JU
Tel: 01912524840
Website:

Date of inspection visit: 21 and 23 January 2015
Date of publication: 11/05/2015

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?	Inadequate

Overall summary

This inspection took place on 21 and 23 January 2015 and was unannounced. This was the first inspection of the service since the location was registered with the Commission in September 2014.

Beechwood Care Home is registered to accommodate a maximum of twenty seven people and provides care to older persons some of whom may be living with dementia. Nursing care is not provided. Ten people were accommodated at the service at the time of our visit.

The service did not have 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. The service was being managed on a part time basis by a manager registered with us in respect of another location operated by the same provider.

The people we spoke with, relatives and a visiting professional were complimentary about the care provided by staff. For example, one relative said, "The

Summary of findings

staff are very nice; they are always welcoming at any time of the day and very, very caring. (Name) is very happy there, there are no problems it is brilliant." A visiting professional we spoke with told us, "The care is good; they call us in whenever they need us."

Staff understood how to ensure people were protected from abuse and how to respond to concerns about their safety. Staff were recruited appropriately and were knowledgeable about people's needs. There were some gaps in staffing levels which were being addressed by recruitment of new staff.

Medicines arrangements and infection control were not being managed safely.

CQC monitors the operation of Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 and the DoLS were being followed. The service ensured that people's rights were protected by making sure they were represented appropriately. Staff had not been fully supported as they had not received up to date training. Staff appraisals were overdue and staff one to one meetings with their manager had fallen behind schedule.

Staff had a caring and reassuring approach. People's privacy and dignity was upheld at all times. Relatives told us they felt involved in people's care as appropriate.

Staff had a good understanding of people as individuals and care was provided in a way that was tailored to individual needs and choices. For example, we saw people's meals were prepared in accordance with their plan of care and their food preferences were taken into account at the time each meal was made. However, because access to food stocks was restricted at certain times of the day people's choice was also limited at these times. Some people found the menus lacked variety.

The service did not have a programme of regular activities. People' s comments included; "It's boring" and "Not much to do".

Records were not being adequately maintained.

The service had a part time manager but staff told us they did not feel well led. Neither the provider, nor the manager had effective systems for checking and maintaining the quality of the service by use of regular auditing and consultation with people, representatives or external professionals as appropriate. Relatives told us they felt their suggestions on ways to improve the service had been disregarded. Records were not being maintained satisfactorily.

We found six breaches of the Health and Social Care Act 2008 (Regulated Activites) Regulations 2010. These related to management of medicines, safety and suitability of premises, infection control, records, supporting workers and assessing the quality of the service. You can see what action we told the provider to take at the back of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's medicines were not managed safely because records were not complete and medicine shortages had occurred.

Staffing levels and staff recruitment processes were satisfactory.

The home was clean but the infection control arrangements were not satisfactory due to lack of safe storage and appropriate sluicing facilities.

Decorative improvements had been made to corridors and some of the bedrooms and some water safety equipment was being renewed.

Is the service effective?

Requires Improvement

The service was not always effective.

People received the food they required in accordance with their needs and preferences, but some people reported that variety and access to food was restricted.

Staff were not fully supported in their role due to a lack of training updates and timely and regular supervision meetings and annual appraisals.

The principles of the Mental Capacity Act 2005 were being followed in order to protect people's rights.

People had access to health services and received on-going care.

Is the service caring?

Good

The service was caring.

People and their representatives were complimentary about the staff's caring approach.

People's dignity and privacy were respected.

People and their families were consulted on all aspects of care.

Is the service responsive?

Requires Improvement

The service was not always responsive. There was little to stimulate people by way of activities and interests

Care records were not being regularly evaluated and updated.

The staff showed a good understanding of people's individual needs

The service had complaints procedures and had responded to complaints appropriately.

Summary of findings

Is the service well-led?

Inadequate

The service was not well led.

The service did not have a registered manager. The manager was working part time at the service and some people and relatives viewed the manager as not being accessible or responsive to their concerns. Staff did not feel supported by the manager or encouraged to express their concerns about the service. People's views and ideas for improvement were not sought.

Record keeping and risk management of the premises was not satisfactory and placed people receiving the service at potential risk.

The provider did not have an effective system of assessing and monitoring the quality of the service and had not identified, assessed or managed risks relating to the premises, medicines, records, staff support systems or infection control.

Beechwood Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 21 and 23 January 2015 and was unannounced.

The inspection team was made up of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information we held about the service. We also looked at the notifications we had received from the provider about incidents, such as serious injuries, the service had sent us and other information we held about the service. Notifications are changes, events or incidents the provider is legally obliged to tell us about.

During our visit, we spoke with five people using the service, two relatives and three staff. We looked at three people's care records, two staff recruitment and training records and other records associated with managing the service, such as health and safety checks, medicines records and various policies and procedures.

We contacted the local authority commissioners, local authority fire services, the local clinical commissioning group, as well as the local Healthwatch organisation. Local Healthwatches have been set up across England to act as independent consumer champions to strengthen people's voices in influencing local health and social care services. We spoke with one visiting professional.

Requires Improvement

Is the service safe?

Our findings

We found the service was not always safe.

The arrangements for administering medicines were not satisfactory. Medicines were securely stored and staff supported people well to ensure they took their medicines. Three people were prescribed medicines to be given as they required it. No care plans were in place to advise staff of the circumstances when staff should offer these medicines to the people concerned. There was evidence in one person's records that medicine had not been available when they needed it. The deputy manager who was new to the service told us, "This happens from time to time because I always have to chase up prescriptions from the practice." Failure to ensure people receive their prescribed medicines could lead to their potential harm. This was a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010.

People told us the home was kept clean. One person said, "There is a good cleaner here. She keeps my room lovely." The home was clean throughout and the domestic staff we spoke with said they followed cleaning schedules and had enough cleaning and protective equipment (PPE) and to carry out their cleaning tasks.

We identified the following matters which posed a potential infection risk to people using the service. There was no dedicated storage for PPE in the laundry room. We were told the sluice was out of order and had been for over a week. A plumber was attending to this on the second day of our inspection. Clean unwrapped incontinence pads and clean towels were openly stored in bathrooms. Some bathrooms and toilets were not equipped with clinical waste bins and liners.

Unlabelled toiletries and a comb were situated on the side of the bath in the ground floor bathroom. The manager told us she was aware of the unsafe practice of staff using communal toiletries in the past and that she was going to bring this up with staff and families. These issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We asked the manager if the service had a copy of the Health and Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance, but they were unable to locate it.

All the people we spoke with said they felt safe. For example, one person said they felt "safe as houses". People's care records included risk assessments for falls, pressure ulcers and weight loss but not all of these were up to date.

The service had procedures for safeguarding people and whistleblowing. Staff knew about the provider's whistle blowing procedure but not all were confident where to find it and it was not prominently displayed. Staff had a good understanding of safeguarding and knew how to report concerns. They could describe various types of abuse and were aware of potential warning signs. Some staff said they would go to the manager if they had concerns and some staff told us they would go straight to the CQC or the Local Authority. The staff we spoke with told us they had received training and understood how to safeguard people from harm. One staff member said, "It is about how people are treated, how we care for them and we have to observe to make sure they are being cared for. I would know if anything was happening to residents that shouldn't and would report it."

A programme of improvement to the premises was underway. For example, some rooms in the home had recently been re decorated and the maintenance person was redecorating a bedroom during a visit. Plumbers were replacing a ground floor wc and thermostatic hot water valves and the cook showed us the improvements the provider had made to the food storage area. They said, "A new floor is going to be put down in the kitchen to make it easier to look after too." We noted that four unused bedrooms were unlocked. These had been stripped out ready for re decorating and did not have carpets and as such posed a safety risk, should people or visitors inadvertently go into them. We drew this to the attention of the provider who arranged to have these locked.

We looked at the staff record for a staff member who had been recently recruited. This showed that checks had been carried out with the Disclosure & Barring Service (DBS) before the staff member was employed. The DBS provides information to potential employers about whether an applicant is debarred from working with vulnerable people and/or whether the applicant has previous criminal convictions. In addition, at least two written references including one from the staff member's previous employer were obtained. Documents verifying identity were also kept on staff records. The provider had obtained a record of

Requires Improvement

Is the service safe?

their employment history and the reasons previous employments had ended. By employing suitable staff the provider helped ensure the safety of people living at the service.

Before the inspection we received an anonymous concern regarding staffing levels over the Christmas period. We spoke with the manager about this who acknowledged they had had difficulty covering shifts because of short notice staff absences, some of which they had not been able to cover. Staff we spoke with said they felt there was not enough staff on duty. For example they found it difficult to have time to chat with people and also when people wanted to go out there was not enough staff to be able to support people who needed assistance to go outdoors. A relative told us they felt the staff numbers should be increased.

The rotas showed that some days three care staff were on duty through the day but on others only two staff were on duty after 3pm. One staff member said, “We really need three staff in the afternoon because with two we cannot help the people who need two staff to assist and be in the lounge to observe people.” We looked at the staffing rotas which showed two or three care staff were on duty through the day, with two care staff on duty through the night. At the time of our visit there were eight people living permanently at the home with two people receiving respite care.

The manager said, “Ideally three staff should be on duty but there has been some staff turnover and we are recruiting. We expect new staff to start next week.” Following the inspection the manager sent us rotas which confirmed additional staff hade commenced. No laundry staff were employed at the home and the manager told us laundry tasks were carried out by domestic and care staff and some cleaning in communal areas was carried out by the night staff. The home was clean throughout and there was no build-up of laundry in the laundry room.

During our visit we observed that where people with dementia conditions walked around the home, staff were attentive to them and ensured they were kept safe. Staff also responded quickly when call bells were pressed. One person who used the call bell confirmed, “Someone came as quick as they could”.

Requires Improvement

Is the service effective?

Our findings

The service was not always effective. Staff were not receiving the support they needed to carry out their roles and responsibilities. For example, not all staff were receiving regular one to one supervision with their line manager or an annual appraisal. Supervision is important so staff have an opportunity to discuss the support, training and development they need to fulfil their caring role. Staff confirmed this and one staff member said, "I don't always get a supervision meeting. I am not sure the last time I got an appraisal." Another staff member said, "They are not regular". We checked the supervision records for four care staff and these confirmed this.

Staff gave us examples of training they had completed. For example one staff member said, "I did dementia training two weeks ago. It was really helpful. It taught me the different ways it affects people." They told us they had received basic training in safety topics such as moving and handling but refresher training was overdue. The staff member administering medicines told us they had not had their competency to do so checked. We asked the manager about this and they acknowledged training and competency checks were overdue and told us they had training organised to address this. These issues were a breach of Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA), the associated Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA and DoLS is a law that protects and supports people who do not have the ability to make their own decisions, to ensure decisions are made in their best interests and to protect people from unlawful restrictions. The manager told us that for most people who used the service there were no concerns about people's capacity and they were able to make their own decisions. For the very small number of people where people had been assessed as not having capacity arrangements were in place with relevant health professionals or social workers to ensure decisions were made in their best interests. For example, the manager described how they had met with the family of one person who had been re-assessed by the district nurse as being able to get out of bed for short periods each day, to reach a decision that this would be in the person's best interests. This meant the provider was following the requirements of MCA.

Staff told us they always asked people for permission before delivering any care to them. One staff member said, "If somebody refused care I would talk with them to try and find out why". With regard to DoLS the manager said she had read up on recent guidance to do with changes in the law and was aware she needed to complete paperwork for applications but had not yet begun this.

Staff knew how to support the people they cared for with eating and drinking. This included healthy eating advice, prompts and encouragement. One person said to us, "We get plenty to drink and juice is brought to my room every day. There is a choice of food but not the variety of choices I am used to." Staff told us they were concerned about the quantity of food available for people in the home because cupboards were locked when the cook went off shift. This meant they found it difficult to support people with a snack during the night if they requested one. The cook confirmed that the main stocks of food were locked and showed us the fridge-freezer where they would leave food stocks that staff could have access to at night. The cook said, "(name of provider's representative) let's me have anything I need, there is no skimping on food and we have just got a new microwave and a new kettle."

We saw individual preferences were catered for. For example, staff prepared a breakfast of banana with bread and butter for one person. The staff told us, and the person confirmed this was what they liked to have each morning. We spoke with the cook who told us they had the information about people's dietary needs. For example, they were aware of people who needed soft diets and people who were at risk of weight loss. They confirmed food stocks were sufficient and showed us whole milk; cream and butter were in stock for adding extra calories to people's meals, as necessary.

Staff said they supported people to attend appointments if required, such as GPs and chiropodists. Staff also said they contacted family members to inform them of any changes in their relative's needs, such as if they were ill. For example, one person told us staff supported them to get ready to attend regular hospital appointments each week. One person we spoke with confirmed they could see a GP from "time to time" as they needed to and had a district

Requires Improvement

Is the service effective?

nurse visiting regularly. Another person told us the staff were good at contacting the GP if they had concerns about their health and the GP was coming out that afternoon. During our visit we spoke with a visiting district nurse who told us the home had called them out because they were concerned about a person's skin. They told us, "The care is good; they call us in whenever they need us."

The serviced had aids and equipment for assisting people to move around safely.

Good

Is the service caring?

Our findings

All the people we spoke with were told us staff were caring and they were treated with respect and dignity. One person commented, “They are lovely. They do their best.” Another person said, “Staff are very kind”. A third person said, “If they didn’t treat me well I would soon tell them “.

Relatives of people who used the service told us they were made welcome and could visit at any time. They were also confident that the staff team cared for their family members well. One relative told us, "Staff are great. They have had a lot of change. Some people have left but staff remaining here are lovely.” One family member said, “When I come in, they let me know what is going on.” A third family member told us staff were, “Caring, good and helpful and mother-in-law is well cared for”. We noted that people’s relatives were welcomed and could speak with their family members in private if they wished

Staff had good, warm relationships with people and they went about their work showing care and concern for people. For instance, care workers took time and care to reassure and assist one person who was having a late breakfast. Staff chatted with people.

The positive way the care staff went about their work was reflected in other comments we received from people’s relatives. For instance, "Staff seem able to handle my relative really well."

Throughout the inspection staff acted in a professional and friendly manner and treating people with dignity and respect.They gave us practical examples of how they delivered care to achieve this aim. For example, making sure people were dressed how they wanted to be, making sure doors and curtains were closed when helping with personal care, keeping people covered up when assisting them to the bathroom and respecting people’s rights and choices. Staff also told us how they promoted people’s independence by allowing them to do things for themselves if they were able. We found that people’s privacy was promoted by the staff team. For example, staff knocked on people's bedroom doors.

Staff were well informed about people’s preferences about their daily lives including their likes and dislikes. For example, one person enjoyed their breakfast a bit later than everybody else and enjoyed having a chat and a joke during their breakfast. Staff also said they knew about people’s preferences from talking with them. For example, this included choice of clothing and preferred times for getting up and going to bed.

The deputy manager told us that they had recently involved family members in a review of a person’s care and their advice had helped them understand better how to support the person with certain aspects of care.

Requires Improvement

Is the service responsive?

Our findings

The service was not always responsive to people's needs however, people told us that their requests were responded to. For example, one person said, "If I ask for a bath anytime they will give me one. I asked for my room to be painted white, because I like white walls, and it was and they got me this new carpet when I asked."

We looked at three people's care records, including support plans about their care needs. One person's care record contained a person centred assessment which had been, in part, prepared and signed by their family. However three people's care records were not person centred. For example, they did not contained information about each person, including their personal histories and the things that were important to them or demonstrate that each person had been involved in planning their care.

People's care records had individual risk assessments in place for falls, pressure ulcers and weight loss but these had not been updated for some time. For one person whose weight was to be checked monthly, the last weight recorded was in October 2014 when they had lost 5.4kgs from the previous month. There were no further records of this person's weight to show whether this weight loss had continued or whether any action had been taken, such as referring this person to their GP. They told us they were liaising with the person's GP and had begun food intake monitoring. We saw food charts had been introduced.

In another example, one person's falls risk assessment had not been reviewed since September 2014. The manager told us, "We, me and the deputy, have audited every care file and we have begun to work through these to get them up to date. We know these things need to be done and they are in hand".

We found people's care plans were not all reviewed or updated in a timely manner. For example, one person had a history of falls. A risk assessment had been carried out which identified the person as being at high risk of falls but no plan of action to reduce the risk of falls occurring had been put in place. We found that while actual care delivery was responsive and ensured individual needs were met, the written records to support the care delivery were in need of improvement. We asked the manager about this and they said, "The transition has been difficult and this has led to paperwork falling behind, we know the care plans need to be updated and (name of deputy) is doing this each day." These issues are a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

In practice staff were able to give us examples of how they had responded to reduce risks. For example, the deputy manager described how they had referred a person to their GP after a series of falls which had resulted in staff monitoring the person's fluid intake to promote better balance. They had also consulted with the person and their family about changing the person's footwear so they could mobilise more safely.

The staff we spoke with were knowledgeable and respectful of people's individual needs, abilities and preferred daily lifestyles. For example, one staff member described how one person preferred to be supported by male carer workers where possible.

We saw that care was provided in a flexible way to meet people's individual preferences. For instance, we saw one person having breakfast mid-morning and that he was supported to eat this at his own pace.

During our visit one person was celebrating their birthday with relatives performing songs in a group they were part of. People were enjoying this. However we were told there was a lack of organised social activity. For example, when we asked people about their typical day, they talked about this in terms of getting up, having meals and going to bed. Their comments included; "It's boring" and "Not much to do". We noted the communal notice board provided information against headings such as: baking, crafting, bingo, board games and events, but did not detail when or where these would take place. Staff told us they would like to spend more time supporting people with social activities. However, they said this was not always possible and that people living at Beechwood had very little to do in the way of activities.

Relatives also remarked on the lack of social activities. One relative told us "We take X out ourselves for lunch. We don't know of any trips out people get invited to go on." We considered that improvements were required in the provision of social care and recreation. We asked the manager about activities and they told us their business manager was dealing with this. They told us, "We know this is a problem and we are going to start a new activities rota

Requires Improvement

Is the service responsive?

and calendar. We are going to ask people what they want so we have an activity every day and every two weeks someone coming in to entertain. Possibly a newsletter also. I am leading on that."

We saw the provider had a written complaints procedure, a copy of which had been placed in people's rooms. One complaint had been received since the provider took over the running of the service. This was recorded, including the action taken. We spoke with the complainant who said they felt reassured having had a full discussion with the manager and the deputy manager. Records of general comments and compliments were not being maintained. The provider's general manager told us they were intending to introduce relatives' meetings where they would be asking and encouraging them to get involved, to tell them what they thought about the service and how they wanted it to change.

Inadequate

Is the service well-led?

Our findings

The service was not well led and did not have a registered manager. The registered manager in post when the provider took over the running of the service had resigned in October 2014. A part time manager, who was registered with us in respect of another location operated by the same registered provider, had been managing both locations on a part time basis since October 2014. They were supported by a recently appointed deputy manager and a business manager who had administrative and personnel responsibilities.

We received mixed responses regarding leadership at the home. For example, when we asked people about this one person said, "It's ok." We found when we spoke to relatives that they felt the new provider had not welcomed their comments and suggestions as to how the service could be improved for the benefit of people using the service. Relatives told us; "We have raised concerns about my X (person's name). It is only since the deputy manager has started we feel they are responding to our concerns." In contrast one person said, "(manager) is an approachable, nice girl, she is not here much but always comes to see me when she is as I like to stay in my room a lot." A relative also commented, "You don't see the manager much." The manager's hours were not shown on the rota. They told us they divided their time evenly between both homes so worked three to four days per week.

The atmosphere in the home was welcoming but we noted that the reception office was not always occupied and there was no reception bell in the reception lobby. This meant that visitors would need to go back outside to ring the bell if no one came to greet them.

A relative told us, "We have more confidence now in the home than a couple of months ago. The deputy manager has been proactive and let us know his plans." A second relative commented that the service was, "Coming through a bumpy time" but went on "I wouldn't put my relative anywhere else…"

Members of staff also told us their views were not always sought. Some staff told us they did not feel comfortable going to the manager to discuss their concerns. Other staff members told us they had approached the manager about their thoughts on staffing levels and said, "But nothing changes." They told us staff meetings did not take place on a regular basis. The manager told us that staff meetings were going to be introduced. They told us "There are a lot things I know need to be addressed here." On the second day of our visit a senior staff meeting and a general staff meeting took place. We noted that the manager was using meetings to address improvements in practice. For example, in the agenda for the senior staff meeting communal toiletries were to be discussed and that it was noted, "a need to move away from this practice."

People told us that they had not been asked to complete satisfaction surveys or been offered the opportunity to attend meetings with the provider or manager so they could give their opinions about the service.

We noted that there were no formal systems for monitoring the quality of the service. Although a comprehensive auditing tool was available, this had not been completed since September 2014. For example, no recent audits had been carried out of the medicines administration records and medicines stocks. Despite experiencing problems with the supply of medicines the manager had not sought outside professional advice on the matter. We discussed this with the manager who told us they were using six different GP practices, which complicated matters, and they were intending changing the medicines system to another brand, which they were more familiar with, but had not had time to do this.

Although the service kept detailed records of accidents there was no analysis of these incidents to enable any patterns and trends to be identified.

These issues are a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Risks associated with the work being undertaken to improve the building had not been identified and addressed. We looked at the premises safety check records. These were in comprehensive manuals which included pre-printed pages for safety checks for all aspects of the building. However, these had not been completed since September 2014 for fire drills and other checks, such as water safety checks, had not been completed since July 2014. The electrical appliances had been checked as safe in October 2014 and equipment for moving people was last checked in December 2014. The five year periodic inspection of the electrical installation was satisfactory but had expired in November 2014 and no gas installation

Inadequate

Is the service well-led?

safety certificate was available. This meant that we were unable to confirm these installations were safe. Failure to maintain up to date safety certificates could leave people at risk of potential harm.

These issues are a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Records were securely stored, however some were not readily available, such as the procedures for safeguarding and whistleblowing and certificates of safety for installations. Others were unavailable or incomplete. For example, food monitoring charts had run out of stock. DoLS paperwork and mental capacity assessments for people whose monies were held for safekeeping had not been completed.

People were not protected against the risks of inappropriate care because some records were inaccurate. The monies being held on behalf of people were securely stored in individual wallets. Receipts were kept in the wallets with an individual record book of transactions. Each entry in the records had been signed by one staff member and a running balance was recorded with each transaction. However in four of the seven wallets the money available did not tally with the recorded balance. The registered manager looked into these anomalies and was eventually able to reconcile the balances against receipts that had not been presented in the records. We found the last recorded audit check was carried out on 24 November 2014. Failure to maintain these records appropriately left people at risk of potential financial abuse. The provider had a written procedure for handling people's monies which did not describe the signing, balancing and auditing procedures.

We looked around the building and we saw fire evacuation plans were in place and that each person had a fire evacuation plan (PEEP). Copies of these were located in red files at each fire evacuation point, however these were out of date because PEEPs for three people who no longer lived at the service were still included and PEEPs for people who had been recently admitted to the service were not. The manager acknowledged that the red fire files needed to be updated.

These issues are a further breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 .

The manager told us they were fully aware of the requirement to including the submission of notifications, where appropriate. Notifications are reports of changes, events or incidents, that the provider is legally obliged to send us. Our records showed that we had been notified of these events since the service was registered.

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 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control People who use services and others were not protected against the risks associated with cross infection because of inadequate infection control measures at the service. Regulation 12 (1) (2) (a) (c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who use services were not protected against the risks associated with the unsafe use and management of medicines because of a failure to ensure prescribed medicines were received by people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records People who use services were not protected against the risks of unsafe or inappropriate care and treatment because of a failure to maintain accurate and up to date records in respect of each person and in respect of the management of the regulated activity. Regulation 20(1)(a)(b)(ii)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

This section is primarily information for the provider

Action we have told the provider to take

People who use services, and others, were not protected against risks because of a failure to regularly assess and monitor the quality of the service due to a lack of effective audits to identify, assess and manage risks, failing to obtain relevant professional advice and failing to regularly seek the views of people, persons acting on their behalf and persons employed for the carrying on of the regulated activity.

Regulation10(1)(a)(b)(2)(a)(e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff People who use the service were not fully protected against risks because the provider had not ensured staff were appropriately supported in relation to their responsibilities by receiving training, supervision and appraisal. Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises People who use the service were not fully protected against risks because the provider had not ensured the premises were adequately maintained. Regulation 15(1)(c)