

Nazareth Care Charitable Trust

Nazareth House - East Finchley


Inspection report

162 East End Road
East Finchley
London
N2 0RU
Tel: 020 8883 1104
Website:

Date of inspection visit: 16 and 19 November 2015
Date of publication: 21/01/2016

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?

Good 

Overall summary

The unannounced comprehensive inspection took place on 16 and 19 November 2015.

Nazareth House is a residential home that provides accommodation and nursing with personal care for up to 84 older people with physical ill health or learning disabilities. The service is run by a charitable trust connected to the Catholic Church. Divided into units the

service is on a lower and upper ground floor. There are communal lounge areas, an activities room and a chapel for daily mass. At the time of our inspection 53 people lived there.

Summary of findings

There is a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Extensive refurbishment was taking place to upgrade the accommodation and communal areas. Although there was unavoidable noise at times the registered manager had worked closely with the contractors to ensure there was minimal disruption to people.

The service was well-led with an approachable and committed registered manager. We found improvements in the delivery of the service since the last inspection in the administration of medicines, staffing levels and activities. Staff demonstrated an understanding of safeguarding adults from abuse.

We found improvements with supporting people to access appropriate medical care and treatment. Changes

to the environment had facilitated a designated clinical room and centrally placed staff stations. Liaison had taken place to improve key working relationships with medical services. However the routine training of staff in some topics was not taking place. The care staff and supporting staff team were praised by people and their relatives as caring and respectful to people, and received monthly training in the core values.

There was a wide range of varied and interesting activities available to people. We found some people were involved in their care planning but care plans did not address all people's support needs.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 Regulation 9 Person-centred care and Regulation 18 Staffing.

You can see what action we told the provider to take at the back of the full version of the report

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

- The provider had systems in place to protect people from hazards and abuse.
- People received their medicines in a timely and appropriate manner.
- The process for analysing risk was inconsistent

Requires improvement



Is the service effective?

The service was not effective

- The provider followed procedures to make sure they only deprived people of their liberty when absolutely necessary and in a safe and legal way.
- Staff did not receive adequate training to undertake their work effectively.
- The service ensured people were referred for appropriate health care and had nutritional support.

Requires improvement



Is the service caring?

The service was caring

- Staff treated people with respect.
- Staff received training in core values, and the service kept information in a confidential manner.

Good



Is the service responsive?

The service was not responsive

- People received a wide variety of activities.
- People knew how to complain and felt safe to complain.
- Daily notes were made by staff on the computer system however they did not contain sufficient detail to monitor people's wellbeing and care provision.
- People's care plans did not contain all the relevant information needed to support them appropriately.

Requires improvement



Is the service well-led?

The service was well-led

- There was a registered manager in post who understood their role and responsibilities.
- There were systems in place for the management of the service.
- The provider quality assured the service, including the views of people using the service and analysed the findings to plan improvements.

Good



Nazareth House - East Finchley

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.

The inspection took place on 16 and 19 November 2015. It was an unannounced comprehensive inspection. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who is living with or uses this type of care service.

In the previous inspection we found medicines were not stored correctly and people were at risk of inappropriate or unsafe care through the unsafe use and management of medicines. Staff had not received supervision or adequate training. People and their relatives had not been involved with their care planning. Although there were systems in place to monitor the service they were not effective.

Prior to this inspection we looked at the notifications we had received and spoke with commissioners of the service. During the inspection we spoke with people using the service and their visitors. We interviewed five staff and spoke with other staff members and the registered manager. We spoke with two professionals. We reviewed 10 people's documents and their care plans. We reviewed recruitment practices and seven people's medicines recording. We observed staff practice in particular their interaction with people and their visitors.

Is the service safe?

Our findings

Staff who administered medicines had received training. Senior staff told us how they administered medicines in a safe manner. There was a medicine of the week poster at the staff work stations. This named a commonly prescribed medicine and explained use and possible side effects. This was a good way of involving and educating staff about the medicines people were taking in the service.

We checked the medicines administration. There was a clean, well-organised locked medicines storage room. Medicines were stored at an appropriate and recorded temperature. Two people's eye drops were stored in a medicines fridge as the medicine instructions stated, opening dates were clearly marked and medicine administration recording (MAR) was completed. We looked at three people's controlled medicines; they were in a separate locked cabinet and recorded appropriately, records tallied with the amount of medicines stored. We looked at people's MAR recording these were correct with the exception of one missed time when staff had not signed the MAR. We noted the prescribed PRN (as and when) medicines administered only when the person requested the medicines such as a pain relief, were recorded appropriately, but difficult to read on the MAR. We brought this to the attention of the registered manager who explained they had already identified the problem and were in the process of addressing the concern. They showed us a proposed new MAR sheet for the PRN medicines that they were developing with the pharmacist.

The registered manager explained they had changed the pharmacist supplying medicines to Nazareth House to a local pharmacist. They had regular meetings to discuss procedures and this had facilitated a good working relationship. We observed a medicines delivery. The pharmacist staff and senior care staff carefully checked every person's medicines against the prescription order to avoid errors. We thought that there were now safe systems in place for the administration of medicines.

People said they felt safe at Nazareth House. The provider had policies and procedures regarding safeguarding adults and whistleblowing. The staff had received training in these areas and were able to tell us clearly how they might recognise signs and symptoms of abuse. Senior staff confirmed they reminded staff "If there are any bruises or concerns let us know". All the staff told us how they would

report suspected abuse. People's records contained accounts of incidents and a copy went to the registered manager to consider if a safeguarding referral was required. The registered manager explained she monitored incidents carefully however recently none were safeguarding concerns.

There were safe systems in place for the recruitment of staff. There was a recruitment policy and we looked at four staff files. We saw that each staff had completed an application form and an interview assessment form was completed. The Disclosure and Barring Service had undertaken a criminal record check for each person. We saw three people had two references in their record but one person had given two referees but only one response. The registered manager and administrator remembered a second reference. We saw that an audit by the provider had already identified the second reference was not in the file. All staff had completed a three month probationary period and a complete induction check-list.

People said, "There are usually enough staff," and "It is busy in the mornings". People said that staff were responsive and welcoming. The registered manager told us that her main focus has been to get key staff in place. Some staff had left and they had recruited new staff, explaining it has taken time for recruitment checks to go through. However she thought there was now a stable staff team. The registered manager explained to us how she assessed staff requirements to meet the support needs of the people. On the two days of inspection we saw staff responding to people in a timely manner. We saw that the staff work stations had been moved in the refurbishment to the centre of the units this meant staff were more visible to people and closer to the communal areas.

Some staff said, "Yes we have enough staff but people phone in sick, so they ring around and someone comes in". Staff also said they were "sometimes short of staff, at the moment we are okay" and it was "difficult to find cover so they call agency" and were "mostly short staffed in the morning when people call in sick, they ring round to get somebody". Staff also said the registered manager would help herself if needed. This showed staffing level may drop at times when staff called in sick unexpectedly however management did respond by asking staff to come in or request agency staff.

We saw that there was a health and safety risk assessment for the environment. There was a fire prevention policy and

Is the service safe?

weekly fire safety checks. Fire drills occurred twice a year. There had been a recent fire evacuation drill. Fire safety equipment was in place. An internal quarterly maintenance audit of the environment was undertaken. During the inspection there was extensive refurbishment taking place. There were no evident health and safety concerns. The registered manager explained the contractors had worked with the management to try and cause as little disruption as possible to people. However moving some people to another bedroom had occurred with their consent for a short period and some noise was inevitable due to the nature of the work. There were updates about the progress of the work in meetings and the notice boards explained the order of works.

There were risk assessments in place for people to minimise the risk of harm. For example risk assessments for hazards such as falls, moving and handling and skin integrity. There was a detailed paper copy risk assessment in people's records and an electronic risk assessment on the computer data base. Regular reviews had taken place in the files we looked. There was not always consistency of recording the level of risk between the two methods. For example one person had a low body weight. On the paper

risk assessment this was a low risk whilst on the electronic copy this was a high risk automatically due to the data input. However the staff when spoken with did not feel the person was at risk and explained why. We thought this system was not clear enough and that the service must ensure continuity in assessment of risk so that staff knew the level of risk and could address the concern appropriately.

We made a recommendation that the systems for recording risk reflect the same outcome.

We saw some staff, but not all, had received infection control training. On the day of inspection we saw the policy of the month was infection control. Staff discussed the policy in handover and supervision. We thought this a good way of ensuring staff are up to date with reading and understanding the policy. We saw that there was disposable personal protective equipment available for use when giving personal care, and there was antiseptic hand wash and paper towels available throughout the service. We thought the service had systems in place for infection control.

Is the service effective?

Our findings

Staff supported people to access their medical needs. One person told us they were “very impressed by a recent hospital visit, a care assistant always comes with me and takes careful notes of what the clinician had to say and collected the prescription. I was very grateful for the note taking as I always forget what the doctor tells me”.

The clinical room provided a designated area for people to receive medical attention from a variety of professionals such as the district nurses and the GP. The registered manager told us that she had met with the GP service, the district nursing service and the palliative care service to ensure there was a positive working relationship to benefit people living at Nazareth House. Health professionals told us there was good communication and staff were helpful, and notes and care plans were available in the clinical room. People's care records indicated they received a variety of health care interventions from dietitians, physiotherapists and chiropractors.

Staff followed up concerns with regard to people and their health needs quickly. For example we saw staff had contacted the GP when one person was refusing their medicines. Staff suggested a change of the time to give the medicines as the person was generally in a more receptive mood later in the day. The GP agreed to the time change. Medicines records reflected the change of time. Recordings showed the person was now taking their medicines on each occasion. The referral of people with suspected memory loss occurred in a timely manner. We observed staff facilitate a quick medical intervention when they had a concern about a person's health. They contacted the rapid response team. The GP also visited and prescribed medicines. The service received medicines from the pharmacist then administered them in the afternoon. We also observed the sharing of information at handover with staff.

All staff had received basic induction training to support them to undertake their work effectively. We noted that staff had no training in dementia care and only one member of staff had care planning training. We discussed this with the registered manager who demonstrated dementia training was scheduled in the near future. There was no evidence seen of recording training as a result daily recordings were brief did not contain sufficient detail to demonstrate care delivered or changes in need. The

registered manager told us some of the staff that had received training had left and she was prioritising training for the current staff team. Although the service had put in measures to train people in an informal way by having discussions about policies each month and modelling good practice some essential training such as dementia care although planned had not yet taken place and care planning had not been addressed. This meant that staff may not have the knowledge and skills to provide specific care for people living with dementia and to understand what is required in a care plan to support people appropriately.

This is a breach of Regulation 18 HSCA (RA) Regulations 2014 Staffing.

The service held a monthly meetings for all care staff, to encourage staff to share information and good practice and to raise any concerns they may have. We saw that the service had implemented bi-monthly supervision and a yearly appraisal for staff members. We saw the recorded details on the computer system. The registered manager told us senior staff and the deputy manager supervised staff. The registered manager explained this had taken time to establish as staff had left and new staff had gone through the recruitment process however all staff were now receiving supervision. There was a twice daily handover of information to inform both day and night staff of events and appointments. There was a senior staff and head of department daily meeting and a monthly head of department meeting. This demonstrated that there was a good system of communication throughout the service.

Three staff had received pressure ulcer prevention training. Poor skin integrity was risk assessed and the identified measures to reduce the risk to people was recorded in their care records. In people's bedrooms there were pressure relieving mattresses and seat cushions. There was appropriate use of pressure relief mattress and the people received treatment from the district nurses. The call alarm system identified who was calling on wall mounted panels throughout the units and could alert staff if a second staff member was required. We observed use of the call system as a reminder to turn people in bed to avoid pressure ulcers developing as stated in their care plan. To avoid a turn being missed the call system was set as an alarm to call two hourly. The senior staff explained to us that the

Is the service effective?

registered manager looked at the data print out each week and addressed with the senior staff if there were any calls over five minute duration. This was an effective use of technology to monitor time response to calls.

The service was meeting people's nutritional and hydration needs. People said "Staff look after us all very well. You get two or three choices of food each day and it's a good standard". People said "the food is fine and there is always plenty of it". Tables were laid with table cloths and linen napkins for lunch in the dining area. Drinks, condiments and the day's menu were on the tables. People had clothing protectors when required, once the meal was finished staff supported people to remove them. Cutlery aids were available for those who found standard cutlery difficult to hold. This created an inviting environment to eat a meal. People told us, "If you change your mind you can have something different if it's there, but sometimes you have to have what you have ordered". The meals served were hot, balanced and healthy and an appropriate portion size. People had pureed food served as individual items. We heard staff telling people what the pureed food on their plate was.

The chef and staff who worked in the kitchen and served the meals told us, "Every resident has a nutrition care plan". We saw that there were clear guidelines for dietary restrictions in the kitchen. Staff demonstrated they were knowledgeable about people's support needs describing who required soft foods or pureed foods and who required support to eat their meals. One staff member told us, "I am very interested in diet and older people". Staff gave examples of the care that they took "Salt is carefully monitored" and "There is an allergies sheet to ensure food given to people is safe for them to eat". Staff were able to tell us who required a fortified diet due to weight loss we saw calorific food offered appropriately. To aid hydration soft drinks were available in the lounges and at meal times. Coffee and tea were served with biscuits in the mid-morning and tea with scones in the afternoon.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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. We found that the care home was assessing people's capacity in matters such as end of life wishes and refusal of medicines. The registered manager told us when she would submit a Deprivation of Liberty Safeguards (DoLS) application to the supervisory body and why. The registered manager believed all people currently living in the home had the capacity to consent to their care and treatment. The registered manager had identified one person with changing needs and requested the social worker to undertake a MCA assessment with regard to their care and treatment during the week of inspection. She advised that depending on the outcome a DoLS application might be made. The registered manager explained the reasons for the assessment in an appropriate manner. We saw from the training matrix some staff had received MCA and DoLS training and we found MCA and DoLS training was scheduled in the near future for some senior staff. Senior staff interviewed were able to give a good account of MCA and had a basic understanding of DoLS.

Is the service caring?

Our findings

People told us "I am very happy here, I like to go to mass and I get my visitors" and "They [Staff] are all nice in their own way, but it is natural for us to have favourites" also "On the whole they are very good". Relatives told us "They look after mum so well, like their own" and "We waited some time to find this place for our mum, and it was worth it, they are kind and that is the main thing".

We observed staff knocking and waiting before entering people's bedrooms and addressing people in a respectful manner. A senior staff member told us, "I say to staff smile and say good morning, lots of changes now, the care is better". We observed many caring interactions by staff throughout the inspection visit. Nearly all staff interactions seen were patient, giving people time to respond to a choice or situation. Also staff were responsive and timely when someone required support or reassurance and acted quickly. However we observed one person who had become distressed waiting for their meal not being reassured that it was nearly ready. An explanation or interaction would have been appropriate to give comfort. Although we noted the member of staff was caring to the person when they brought the meal. Also on one occasion we heard staff tell someone to go back to their room in an ordering tone of voice. We reported these issues to the registered manager who advised that they would monitor staff interactions to ensure that they were consistently positive.

The service had an ongoing training programme around their core values. There was also a value of the month. Staff told us there had been themes of love, compassion, justice and respect in past months. The month's theme at the time of inspection was patience. There was a reminder of the theme of the month at the staff station on both floors and a larger display in the main entrance area promoted the value of patience. One of the nuns gave a talk on the theme to staff. This was a good way to involve and remind staff of the basic requirements of good quality care giving.

People told us that staff made their family and guests welcome and their visitors could eat with them if they

wished to. One person said their relative "enjoys the lunches here". This demonstrated to us that the service understood the importance of maintaining friend and family contacts for people's emotional wellbeing.

Care plans identified people's diverse needs. Nazareth House was meeting people's spiritual needs. People told us there was a strong Roman Catholic influence. Affiliated with a Roman Catholic charity there was a chapel where the resident priest took daily mass. Staff supported attendance. The registered manager had ensured that the building work stopped when mass was in progress to ensure people could worship without distraction. There was a sister superior and three nuns who supported the work of the staff and had specific responsibilities within the service. One nun always supported a specific bedbound person who required support with eating their meal giving continuity and company to the person.

The service accepted people from other faiths. People told us they were, "so happy here - a Rabbi will come if wanted or needed," and "They try very hard to make me feel at home in every way, I am content and secure, my children know I am cherished, they see it when they come to see me". Care staff told us, "Yes it is suitable for non-Catholics, although there is a strong Roman Catholic atmosphere; the most important issue is the choice and welfare of the residents".

Staff demonstrated when interviewed that they had read people's care plans and knew about people's past histories. Staff understood people's individual cultural needs and described what foods people did not eat because of their faith. Staff described how they respected people's sexual preferences and told us they support people by being accepting in their attitude and keeping people's personal information in a confidential manner.

Care plans contained people's end of life wishes. Some end of life plans were more general in content but still gave an indication of what people wanted to happen. Some plans were very specific along with the necessary documentation. Staff respected people's confidentiality keeping records securely.

Is the service responsive?

Our findings

People said there was plenty to do and lots of celebrations. The notice boards displayed a weekly programme of activities. Staff supported people to attend activities of their choice and encouraged them to join in. There was a full time activities coordinator and assistant working from a well-equipped and well used art room. People said they enjoyed making the large Christmas decorations intended for the Christmas bazaar and party. Art work and poetry completed throughout the year was displayed in the art room and surrounding corridors. Photos displayed showed activities such as planting spring bulbs.

We observed a group of people taking part in an exercise session led by an external tutor. People followed the exercises with enthusiasm and there was lots of encouragement and laughter heard. A quiz observed showed the organiser had a good understanding of people's capabilities and managed the activity so everyone had a chance to answer and join in. Clearly people enjoyed and were actively engaged in the activity. A well-attended bingo session took place whilst other people sat in a quiet lounge and watched a film on the television together. Activities advertised included the pet dog's weekly visit, a weekly sing-a-long, a knitting club, carol singing and the winter bazaar.

There was a small shop to enable people to buy confectionery, cards and toiletry items, a small library to borrow books to read, a dedicated reminiscence room and a music/concert room. People told us there was a, "Very nice garden which we use a lot in the summer time". Some people did not wish to join in organised activities. One person's relative told us their family member would like to have the opportunity to use a computer and said this had not happened yet. There were quiet lounges and areas available and the activity organiser visited people who preferred to stay in their room. The varied and relevant activities demonstrated very good practice.

Staff said they tried to ensure they met people's support needs as they would wish. Relatives told us staff asked them, "How can we make things better for your mother?" and "They really try hard to please her". People and their relatives spoken with knew who their keyworker was. The

registered manager explained they allocated two keyworkers to each person so there will usually be at least one person available if required to work closely with the person or speak to the family.

People's care plans we looked at detailed their support needs and how they wanted them met. One person centred plan for a person with learning disabilities was very thorough and in an easy read format. People new to the service and their relatives said they had "been asked" about their preferences on their arrival with regard to their support needs. One person and their relatives said they had never seen a care plan. This indicated to us that not everyone had been involved in their care planning on a regular basis. The training matrix showed that only one staff member had received care plan training. However we asked support staff to tell us about the support needs of people they cared for. Staff described to us how they got to know people and how best to approach them. Staff were able to tell us in detail about the support people required. Care planning did not always reflect this. We found for example that some people had memory loss and staff could show us there had been a referral to the memory clinic but there was a lack of reference to the memory loss in the care plan and therefore the necessary support was not identified and risk assessed to ensure measures to keep the person safe had been considered. Care plan risk assessment differed on the two recording systems. For example one person had a low body weight. On the paper risk assessment this was a low risk whilst on the electronic copy this was a high risk automatically due to the data input. However the staff when spoken with did not feel the person was at risk and explained why. We thought this system was not clear enough and that the service must ensure continuity in assessment of risk so that staff knew the level of risk and could address the concern appropriately.

Daily notes were made by staff on the computer system however they did not contain sufficient detail to demonstrate care delivered or changes in need. A family member told us that a relative did not display a typical sign or symptom associated with ill health recently. They thought this to be associated with the relative's primary condition. As such they were concerned staff members unfamiliar with their relative might overlook or not recognise ill health if it occurred again in the future. This

Is the service responsive?

information was not captured in the person's daily notes or the care plan. Too brief daily notes could in turn lead crucial information not informing the care plan and lead to significant changes in need being unaddressed by staff.

This is a breach of Regulation 9 HSCA (RA) Regulations 2014 Person-centred care.

People told us they felt safe complaining and they did not feel there was "bad feeling" when they complained. Complaints were addressed appropriately people said. We

saw there was a complaints box in the main reception area that people could put their written concerns in should they not wish to speak directly to the registered manager. People could also raise concerns with the sister superior if they preferred to do so. There was a complaint policy and procedure. Complaint records recorded complaints. There were prompt actions taken to investigate and a record of responses. Records of compliments acknowledged and reflected good practice.

Is the service well-led?

Our findings

People using the service and their relatives said they thought the service was well-led. They said that since the registered manager's appointment the service had "been turned around" and the registered manager was "respectful, responsive, and takes everything very seriously". People knew the registered manager and saw her working in the service on a daily basis. Relatives and staff described the registered manager as "approachable".

The registered manager told us she was "well supported" by the provider management and the recently appointed deputy manager. The registered manager explained she has the support of the sister superior who takes a governance role within the service. We observed that the sister superior attended daily handover meetings and went into the dining areas at meal times talking to people and their relatives to ensure they were happy with the service they received. The sister superior also had responsibility for the spiritual aspects of the service such as the Christmas celebrations.

The registered manager explained that she audited by walking around the service on a daily basis and working actively within the service speaking to people and staff in addition to checking records. Senior staff had responsibility for administering medicines and the day to day running of the units. Records showed that the deputy manager audited medicines on a monthly basis. In addition the regional manager undertook an audit of the service once a month looking at medicine administration records, a selection of people's care records, daily recordings and environmental checks. This demonstrated there were clear lines of accountability in the daily running of the service.

We observed one of the twice daily handover meetings. In attendance were the registered manager and deputy manager, senior staff, heads of department such as head of maintenance and head of housekeeping and the sister superior. Each senior staff member or head of department gave an update to the meeting. This ensured a thorough handover of information. Senior care staff informed staff of concerns in a twice daily handover meeting. Care staff read messages in the handover/communication books.

Staff told us that the registered manager was a "Good leader, she listens and approaches people nicely". Some staff said although they were not Roman Catholic their own spiritual observances were respected by the registered manager, so their shift rota reflected their days of worship as a day they were not requested to work. Staff said it was "Okay now", "Organised now" and "If something is wrong, they will deal with it straight away". Staff said "I am happy here, a nice registered manager and good team work, I can see a change".

Staff received support and encouragement to become senior staff. Other staff told us they had training to improve their maths and English so they could develop their careers. This investment in staff development meant that people would benefit from a trained and motivated team.

Commissioners told us Nazareth House had been working with them to address concerns and accepted support and advice. The registered manager told us they were working in partnership with the stakeholders to meet agreed action plan targets. We saw a survey for people using the service and their relatives in 2015, and the service was waiting for the responses. The registered manager explained the results of the survey would be analysed, put in a report and published.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

9-(1) The care and treatment of service users must-

(a) be appropriate

(b) meet their needs, and

(c) reflect their preferences.

The registered person had not ensured that the recordings captured all changes to people's care needs, and were maintained and up to date, which might place people at risk of inappropriate care.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

18- (1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.

(2) Persons employed by the service provider in the provision of a regulated activity must-

(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

The registered person did not ensure there were sufficient numbers of suitably qualified, competent skilled and experienced persons deployed, and they received such appropriate training to enable them to carry out the duties they were employed to perform.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.