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The Saltings

Inspection report

3 The Saltings
Littlestone
New Romney
Kent
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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?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 17 and 25 November 2015 and was unannounced. The previous inspection was carried out on 23 July 2014 and there were concerns around the service protecting people harm. At this inspection, we found the provider had met the required actions. The Saltings is registered to provide accommodation and personal care for up to three people who have a learning disability.

The Saltings is a detached house in a residential small cul-de-sac. The home is not suitable for people with physical mobility problems. There is a driveway and some on street parking. A bus stop and the beach are within walking distance. New Romney town and its amenities are close by.

Summary of findings

At the time of the inspection three people were living at the service, each having their own bedroom. People had access to a communal lounge, dining area, kitchen, laundry room and shared bathrooms. There is a well maintained garden and outside area.

The owners both work in the service on a daily basis and one is the 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. We spoke with both providers who were available throughout the inspection.

Most risks associated with people's care and support had been assessed and in most cases procedures were in place to keep people safe. However some guidance for staff to help keep people safe required more detail. Two people told us they received their medicines safely and when they should.

Two people said they had a say in the planning of their care and support. Care records contained information about people's wishes and preferences and some pictures and photographs to make them more meaningful. They detailed people's skills in relation to tasks and what help they may require from staff, in order that their independence was maintained. People had regular reviews of their care and support where they were able to discuss any concerns.

People had in depth personalised care records, risk assessments and guidance in place to help staff to support them in an individual way. They contained information about people's wishes and preferences and

some pictures and photographs to make them more meaningful. They detailed people's skills in relation to tasks and what help they may require from staff, in order that their independence was maintained. People had regular reviews of their care and support where they and their relatives were able to discuss any concerns.

Staff members encouraged people to be involved and feel included in their environment. Staff spoke about people in a respectful way which demonstrated they cared about the people's welfare. People interacted positively with staff, smiling and being involved in conversations. People had opportunities to undertake activities and access the community. People attended local centres and enjoyed the activities undertaken, such as woodwork. People enjoyed many social events such as going to local concerts, discos, the cinema and parties. Some people had family that were important to them and contact was supported by staff.

A new induction and training programme had recently been introduced by the provider. We examined the materials which included a workbook and DVD. The induction programme incorporates the recently introduced care certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. The provider told us that previously they had no formal induction process; new staff shadowed existing staff and completed a programme of training and 1:1 sessions with the provider. Staff training included courses relevant to the needs of people supported by the service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back 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?

The service was not consistently safe.

Policies and procedures for the proper and safe management of medicines were not in line with current guidance.

Clear systems and processes were not in place to protect people in the event of an emergency.

Staff were not clear in safeguarding or whistleblowing procedures.

There were enough staff to provide people with the support they required.

Recruitment procedures were in place and followed recommended good practice.

Requires improvement



Is the service effective?

The service was not consistently effective.

Staff were not supported effectively through induction, training and appraisal so they had the skills needed to meet people's needs.

People did not have mental capacity assessments in place. This did not meet with the principles of the Mental Capacity Act 2005.

Staff ensured people's health needs were met. Referrals were made to health and social care professionals when needed.

People were supported to eat a healthy varied diet at their own pace.

Requires improvement



Is the service caring?

The service was caring.

People's privacy, dignity and independence were protected.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Good



Is the service responsive?

The service was responsive.

People were included in decisions about their care.

The complaints procedure was available and in an accessible format to people using the service.

People were supported to maintain relationships with people that mattered to them.

Good



Summary of findings

People were offered a range of activities to participate in.

Is the service well-led?

The service was not consistently well led.

The service was managed by the provider and not the registered manager.

Quality monitoring systems were not in place.

The atmosphere in the service was relaxed, friendly and inclusive.

Staff told us that they felt supported by the owners and that there was an open, family style culture.

Requires improvement



The Saltings

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 17 November 2015 and was unannounced. The inspection was carried out by one inspector. Two people were at a day centre in the community and another was at the service. Some people were unable to talk to us directly about their experiences due to their complex needs, so we instead spent time observing their experiences at the service and their interactions with staff. In addition we returned to speak with two people and one member of staff on 25 November 2015.

Before our inspection we reviewed the information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law.

During the inspection visit, we reviewed a variety of documents. These included three care plans, staffing rotas, two staff recruitment files, medicine administration records, activities records, maintenance records, risk assessments, health and safety records, supervision records and quality assurance surveys.

We spoke with two people who used the service and observed interactions between people and staff. We spoke with the provider, the registered manager and one member of staff. After the inspection we spoke with one social care professional who had had recent contact with the service. In addition we spoke with two relatives and received positive feedback about the service.

Is the service safe?

Our findings

People told us they felt safe living at the service. They told us that they were treated well and knew who they could talk to if they were unhappy. One person said “The staff are nice, I feel safe living here”. Relatives told us that they had no concerns about the safety and welfare of their relatives who used the service. They told us they could speak with the staff if they were concerned about anything and they were confident their concerns would be taken seriously and acted on. For example, one relative told us “I think [my relative] is safe and I think I would know if they were not happy there”.

The provider managed people’s medicines so they received them safely, although there were some shortfalls in policy and procedure. Staff administered medicines for all people living at the service; the provider told us they had not assessed people’s ability to self-administer their medicines. The medication administration record (MAR) sheets showed all required medicines were in stock and people had received their medicines as prescribed. Staff stored medicines securely in a lockable cabinet. The service’s medication policy had not been reviewed since 2004 and did not contain the most recent best practice guidance. On the second day of the inspection the provider showed us the improvements they had started to make to the policy by having obtained the most current guidance to handle medicines safely. The provider told us they completed one to one medicines training with each staff member and this incorporates the procedures for the safe management of medicines, records to confirm this were held on personnel files. Staff also watched a training DVD and had recently signed to confirm that they had refreshed their knowledge. The provider told us that they had no protocols in place for the administration of homely/over the counter or as and when required (PRN) medicines.

The provider had failed to have proper and safe management of medicines. This is a breach of Regulation 12(2) (g) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff showed a basic awareness of different forms of abuse, but weren’t confident in what action they should take if they witnessed or suspected abuse. The provider told us that they did not use restraint at the service. The service had a safeguarding policy in place which had not been reviewed or updated since 2009. The provider also had an

outdated version of The Kent and Medway Multi-agency Safeguarding Adults Policy, Protocols and Guidance. The service had a whistleblowing policy in place; staff were not able to confirm that they understood the actions they should take. None of these documents contained the most recent guidance on keeping people safe from harm.

The provider had failed to have proper systems and processes in place to protect service users from abuse and improper treatment. This is a breach of Regulation 13 (1) (2) (3) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accidents and incidents were recorded. There were copies of incidents on people’s care records and a separate accident book for staff. We asked the provider and registered manager how they monitored incidents and accidents, they told us that staff would phone them if they were not at the service to inform them but they did not have a formal monitoring system in place to identify patterns, or trends. We recommend that the provider introduces a monitoring system.

The provider had commissioned an external company to complete a fire safety risk assessment in 2014; one recommendation from this was that the service would benefit from periodic fire drills. The provider said they had not implemented these because there was usually only one member of staff on duty. This meant that people may not be safe in the event of an emergency.

The provider had failed to have proper systems and processes in place to protect service users in the event of an emergency. This is a breach of Regulation 12 (2) (b) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People benefited from living in an environment and using equipment that was suitably maintained. There was a system to ensure checks had been completed on gas, electric and portable appliance tests. Certificates confirmed these were in date. There were records to show that the premises received regular checks and servicing, such as checks for fire alarms and fire equipment. People had a personal emergency evacuation plan (PEEP), a PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. Staff knew how to safely evacuate people from the building in the event of an emergency. An on call system, outside of

Is the service safe?

office hours, was in operation covered by management. Staff told us they felt confident to contact the person on call. Staff had up to date information to meet people's needs and to reduce risks. Potential risks to people, in their everyday lives, had been identified, such as risks relating to accessing the community, their health and finances.

The registered manager told us that there were three people employed to work at the service. One member of staff worked on shift each day during the week, as two of the three people attended planned day care activities. At weekends staffing was increased to two, so that people's needs could be met and they could go out to different places and events. Overnight there was one sleep in member of staff. The registered manager told us that a trip to a reindeer centre was planned for the coming weekend and that the previous weekend people had enjoyed a trip to a local tribute concert. The provider told us that the service often linked up with their other service to attend events together.

We looked at staff rotas for the month prior to, and the month following our inspection. These rotas confirmed the staffing numbers the registered manager told us were in

place. The provider told us that staffing levels were flexible if required, for example if extra staff were needed to support people to any appointments or special events, this would be accommodated. The provider told us that the service did not use agency staff and if there were shortfalls in the rota they, the registered manager or staff from their other service would step in to provide support. There was a list on the office wall for staff to record their availability for upcoming shifts that needed to be covered. The registered manager regularly worked on shift and was on shift on the day of our inspection.

We looked at two staff recruitment files and saw these included relevant recruitment documents including application forms, photographs, identity checks and employment references. We saw each staff member had a Disclosure and Barring Service (DBS) check in place. DBS checks help employers to make safer recruitment decisions. Records showed us that the provider had used their disciplinary procedures to resolve an issue of unsafe practice. This showed processes were in place to ensure the staff were assessed as being suitable to work within the home.

Is the service effective?

Our findings

People told us they were happy living at The Saltings, one person said, “it’s good here”. People told us the staff looked after them and they got what they needed. People’s relatives told us that they received good care. They said that the staff knew their relative well and gave them the care and support that they needed. One person told us they were “Happy” and “I like living here”. People said they were offered choices, such as where to go out and what to eat or drink.

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.

At this inspection 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.

There were no mental capacity assessments in place for people to make sure they were given the support they needed to make decisions that were in their best interests. This was not in line with The MCA code of practice, which advises that an assessment is carried out if there is any doubt about the person’s capacity to make decisions. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider told us that they had sought information on DoLS. The Care Quality Commission (CQC) is required by law to monitor the operation of DoLS. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty. The provider confirmed that no DoLS authorisations were in place and no applications had been made. Discussions with staff and the provider showed that they had not received training and were not fully familiar

with the latest criteria in the use of this legislation and how this applied to protect people from restrictive practices. We advised that each person at the home should be considered as to whether they met the current criteria to determine whether a DoLS authorisation was required.

The registered person had not acted in accordance with the requirements of the Mental Capacity Act 2005. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was no system in place for staff training to be monitored. The provider was able to show certificates to evidence that staff had initially completed a core programme of basic training and told us that most training for staff required updating. The provider had recognised that a more robust system was required to meet current standards and had purchased a new training package that they were in the process of implementing. This was a course of DVD training with workbooks for staff to complete and the provider to review prior to a certificate being issued. At the end of the workbook there was a section for staff to give feedback about the training. We looked at the DVD’s and workbooks and saw that they contained up to date and best practice guidance on several topics like, health and safety, epilepsy awareness, MCA and DoLS, equality and diversity, safe administration of medicines and safeguarding. Workbooks tested knowledge by means of multiple choice and written questions. The provider told us that initial feedback from staff was positive. The provider told us that some training would continue to be facilitated by a trainer, this included Fire Safety and Autism Awareness, both booked for the end of November and First Aid which the provider told us they were in the process of organising.

The provider showed us a new induction package that they had purchased alongside the training materials. The induction was based on the new Care Certificate and covered the standards through DVD, CD and workbook. The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. The provider told us they had invested in this programme as they had acknowledged that they did not have a robust induction process in place for new staff. We were not able to view any induction records.

Staff were offered both formal and informal supervisions with the provider; records showed that formal supervisions

Is the service effective?

took place every 3-4 months. Informal supervisions were discussions with the provider which were not recorded. Staff had not received appraisals since 2012, the provider told us they had fallen behind and that this most recent appraisal we saw on file was from 2012.

Staff had not received appropriate training and support to enable them to carry out the duties they are employed to perform. This was in breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were involved in planning the menus and preparing meals with staff support. Meal times were a social occasion when everyone came together around the dining table and talked about their day and what social activities they might like to do or have coming up. The registered manager told us that they complete a shopping list at the weekend and it is then ordered for delivery each week. Staff and the registered manager told us they discussed either the evening before or on the day what the evening meal will be, people take it in turns for a daily choice and if others want something different this is provided. There were menus that reflected what we had been told.

Throughout the inspection people were offered a choice of hot or cold drinks by staff. Staff demonstrated they understood people's likes and dislikes well. One person with limited communication was supported by the registered manager to choose what they wanted for lunch. They were offered several options and pointed to which one they wanted. If staff were concerned about people's appetites or changes in eating habits, they sought advice from health care professionals.

The staff said that the people were supported to maintain good health and had access to health care services. People were registered with their own GP and supported to attend appointments when necessary. People told us that if they were not well staff supported them to go to the doctor. Relatives told us staff responded quickly when people were unwell and kept them informed. Staff told us they knew people and their needs very well and would know if someone was not well. People had access to various outside professionals, such as opticians, chiropody, dentist and speech and language therapist.

Is the service caring?

Our findings

During the inspection we saw that staff were kind and caring in their interactions with the people they supported. Staff took the time to listen and interact with people so that they received the individual support they needed. People were relaxed in the company of staff, smiling and communicated happily using verbal communication, noises and gestures. Different approaches were used to suit people's personalities. People told us that they liked the staff and that they were kind.

People were moving freely around the home, moving between their own private space and communal areas at ease. There were several areas where people were able to spend time, such as the lounge, dining room, kitchen, garden or their own room.

Some people were unable to tell us directly of their experiences but we were able to observe a number of examples where staff showed a caring and compassionate attitude towards people.

Staff communicated with people in ways appropriate to their needs, this included showing people visual choices and seeing how people responded to these to gauge their preferences. At lunchtime we saw people being offered choices, and supported to make a decision.

Staff told us that support was provided in line with people's choices. One staff member said, "It all comes down to the person's choice, what they want". Another gave us an example of how people had been involved in choosing their own decoration for their bedrooms and we saw this reflected in rooms we looked at. People's bedrooms were personalised with photographs of people who were important to them and their interests such as music, guitars, pop stars, pet fish and their favourite football club. People had equipment like televisions, radios and music systems.

Throughout our inspection we saw that people were treated with respect and that the staff took appropriate action to protect people's privacy and dignity. Staff explained how they supported people with their personal care whilst maintaining their privacy and dignity. People, if

they needed it, were given support with washing and dressing. All personal care and support was given to people in the privacy of their own room or bathroom. One person told us, "Staff knock on my bedroom door before entering."

People's care records included information about the person, such as their life history, health, social, emotional, cultural and spiritual needs. Staff recorded people's likes, dislikes, preferences and associated risks so they could provide individualised care. Staff were able to tell us about significant events and people in each person's life and their individual daily routines and preferences. Care records contained detailed life histories and personalised daily pen pictures.

Daily records showed staff supported people to take part in activities, such as going to the cinema, bowling, attending a local day service, going to concerts and discos, eating at local restaurants and visiting family and friends. People's independence was maintained, for example, people had a weekly house day where they were supported, with lots of encouragement, to clean their room, do their laundry and other household chores. Where people wanted to be, they were involved in preparing food, making drinks or getting their breakfast. People told us that they were able to get up and go to bed as they wished and have a bath or shower when they wanted.

People could have visitors when they wanted to and there were no restrictions on what times visitors could call. People were supported to have as much contact with their friends and family as they wanted to. They also told us how they provided support for one person and their family to ensure they kept in touch and how they supported another person to visit a relative regularly. Staff told us that one person had relatives visiting to take them out the day after the inspection and one person was being supported to visit relatives for lunch at the weekend.

People told us they had meetings to talk about social events and to plan holidays. Staff told us they plan holidays with people, usually twice a year. To start discussions staff bring in holiday brochures to give people ideas of what their choices are. Staff considered people's views and took action in line with people's wishes.

Is the service responsive?

Our findings

The provider told us that they had not received any complaints in the past 12 months. There were compliments that had been received from relatives of people pinned to the wall. People told us they would speak to the staff if they were unhappy, but did not have any concerns. They felt staff would sort out any problems they had. The complaints procedure was available to people and written in a format that people could understand, with pictorial symbols. There was copy on display in the entrance hallway and in each person's care file.

People received support that was responsive to their individual needs. Staff told us, "People have their planned activities during the week and at weekends we go out a lot." People were supported to attend a range of activities. On the day of our inspection we observed all people leave the home to do different of activities. Two people had a planned weekly schedule of activities, which they told us they enjoyed attending. One person had chosen not to have a planned schedule at this time, although the provider said that potential planned activities were being looked into in conjunction with relatives and their care manager.

People went out in the either the providers mini bus or car with staff. Staff told us they worked together with the providers other service to transport people to activities. On the day of our visit two people went to a day service where they developed their woodwork skills. One person went into a local town for a haircut and was having a house day to complete household chores. People regularly attended social activities with people from the service located nearby and were encouraged to socialise together, this helped people maintain relationships externally from the service.

People told us they were planning where they would like to go on holiday next year. One person said "In September we went on holiday to Dorset." The registered manager said that people were encouraged to make their own choices and gave an example of how people are asked whether or not they would like to attend a local disco.

People received care which was planned taking into account their preferences and what was important to them.

Care plans were mainly written, although there were some photographs and pictures. They contained detailed information about how each person communicated, such as use simple short sentences, and pictures of different signs people used when communicating. We saw this was reflected in staffs practice during the inspection. Staff were patient and acted on what people said. Care plans were clearly detailed to help staff to support the person in the way that they liked. For example, guidelines explained to staff that to reassure a person they should speak slowly and calmly, and fetch their communication book if they do not have it with them. Care files were personalised and easy to follow. Care files included a photograph of the person and gave more in depth information relating to eating, personal emergency evacuation plans (PEEP), medication, health, communication passport and daily notes.

Staff demonstrated that they understood people. One staff said, "We encourage choice, we ask people if they want a bath or shower when they get up." Routines were clearly documented and described how staff should support people in the morning and evening around particular tasks according to their needs.

People told us they were happy with the care and support they received. People knew about their care plans and had review meetings to discuss their aspirations and any concerns. One person had had a review meeting a few days before our inspection. The provider told us either they, or the registered manager attended reviews with people's care managers and at day services. Relatives were also invited to attend. Records of previous review meetings were stored in peoples care files.

On admission to the service the provider had gathered detailed information from relatives to help staff get to know people and understand how best to meet their needs. Care files contained copies of pre assessment forms and reports from other professionals. The provider told us they had a transitional process for potential admissions, including, assessing whether or not their needs can be met and if they would be compatible. Visits would then be arranged, starting with a cup of tea and gradually building up to a weekend stay if it was going well. Relatives told us that the transition into the service "went well and was carefully planned."

Is the service well-led?

Our findings

People said that the staff were friendly and relatives told us there was a warm atmosphere. Staff said that the service was family orientated and their relatives were well cared for.

Effective systems were not in place to assess and monitor the quality of care. For example, no audit systems were in place to assess and monitor the quality of the information contained in people's care or health records to ensure information was current and appropriate in order to meet people's needs. The provider told us that they did not complete regular audits of the service, for example monitoring of fire safety checks, health and safety or medication. Staff kept a record of food temperature checks and storage temperatures in the fridge and freezer.

The registered person had failed to identify the shortfalls at the service through regular effective auditing. This was a breach of Regulation 17 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although there was a registered manager in post, we were told by the provider that they maintained the day to day management of the service and the registered manager did not manage the service but worked on rota supporting people. The registered manager told us that they intended to commence a level 5 diploma in health and social care to increase their knowledge and understanding and to enable them to be effective in this role.

Staff meetings were held on an 'as required' basis. The provider told us that they put up a notice for staff and held meetings jointly with their other service when the need arose. The service was run as a small family home and the provider told us much of the communication between the staff team was verbal. They saw all of the staff regularly and

were always on call to resolve any issues. Staff told us they felt very supported in their role and they could speak to the providers about any concerns they might have and they would be resolved. We were not able to view records of staff meetings. This is an area we have identified as requiring improvement.

Formal house meetings for people weren't held at the service, although we were told that both of the providers services came together to discuss and agree on a holiday location. The registered manager told us that informal discussions took place during their evening meal. They talked with people about meal choices, activities and outings that they might like to participate in and whether they had anything they were concerned about and wanted to discuss.

The provider told us that they had sent quality assurance questionnaires to professionals but had not received any back. Professionals that we spoke to were complementary of the care provided by the service. Questionnaires had also been sent to relatives, who had returned them and had positive comments to say about the service, for example "As a family we are very happy with the care at The Saltings" and "We couldn't be happier with their overall happiness, we know they will always be looked after extremely well". People were not asked for formal feedback through questionnaires but did have opportunities to speak with staff if they were unhappy or had concerns about anything.

Relatives were complimentary of the home and said that the provider and staff were approachable and if they needed anything or had any concerns they were always available and would resolve things quickly. Staff we spoke with said they enjoyed working at the service and understood their roles and knew what was expected of them.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had failed to mitigate risks in relation to proper and safe management of medicines and had failed to have proper systems and processes in place to protect service users in the event of an emergency

Regulation 12 (2) (b) (g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider had failed to have proper systems and processes in place to protect service users from abuse and improper treatment.

Regulation 13 (1)(2)(3)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider had failed to provide care and support within the confines of the Mental Capacity Act 2005 code of practice.

Regulation 11

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had failed to provide necessary induction, training and appraisal.

Regulation 18 (2) (a)

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had failed to identify the shortfalls at the service through regular effective auditing.

Regulation 17 (1) (2) (b)