

Saivan Care Services Limited

Kellan Lodge

Inspection report

24 Little Park Gardens
Enfield
Middlesex
EN2 6PG

Tel: 02083635398
Website: www.saivancare.co.uk

Date of inspection visit:
11 December 2020
14 December 2020
04 January 2021

Date of publication:
11 February 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Kellan Lodge is a residential care home providing accommodation and personal care for people with learning and physical disabilities. Kellan Lodge accommodates up to four people in one adapted building. At the time of the inspection there was three people living at the service.

People's experience of using this service and what we found

Throughout the inspection we observed that people were supported by staff who were caring and respectful in their approach. People knew staff well and interacted with them with confidence. However, we found concerns around how the home was managed, documentation relating to care, infection control and prevention and ensuring people were not placed at risk of harm.

Risks to people were not always comprehensively assessed. Guidance and direction to staff on how to minimise risks was not always clear and detailed. This was addressed immediately following the inspection.

The registered manager had not given any consideration to or implemented any additional policies or procedures to support infection control. A number of staff had not received any recent infection control training, which was of concern, considering the current COVID-19 pandemic.

Safe staff recruitment processes were in place to ensure suitable staff recruitment. However, certain checks were not robustly completed to ensure staff were appropriately assessed as safe to work with vulnerable adults.

Staff had not received any specialist training in response to people's specific health and care needs.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to in part demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. However, there were some areas where the service was not meeting all elements of best practice. People were not always supported to live full and stimulating lives. Activities provision was not always individualised to people's likes, hobbies and interests and did not always promote choice, control and independence.

Management oversight of the service was ineffective and did not identify the issues we identified as part of this inspection. Learning and development was not promoted throughout the service so that people's experience of care could be improved.

We have made recommendations about completing comprehensive risk assessments and the management of infection prevention and control.

Staff understood safeguarding and how to keep people safe from abuse. Staff told us that they received training and supervision to support them in their role.

People received their medicines safely and as prescribed.

People were supported with maintaining a healthy and balanced diet. People were able to choose and prepare what they wanted to eat.

Relatives feedback about the registered manager and care delivery was positive stating that people's needs were appropriately met. Relatives knew who to speak with if they had any concerns and were assured that these would be dealt with promptly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 14 February 2018).

Why we inspected

During the inspection of another of the provider's locations registered we identified concerns relating to medicines management and infection prevention and control. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key question. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have identified three breaches of regulation around person centred care, staffing and good governance. The failings found are detailed in the main body of the report. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kellan Lodge on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of

quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Kellan Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Kellan Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service also had a manager in post who was responsible for the day to day management of the providers locations including Kellan Lodge.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of COVID-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

What we did before the inspection

Prior to the inspection, we reviewed the information that we held about the service and the provider,

information we gathered at the inspection of one of the providers other locations and notifications affecting the safety and well-being of people who used the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also used all of this information to plan our inspection.

During the inspection we spoke with three people using the service and two relatives to obtain their feedback on the care and support that they or their relative received. Only two people we spoke with were able to communicate and respond to the questions we asked. The other person responded through facial expressions. We also observed interactions between people and care staff. We spoke with the registered manager, one manager and four care staff.

We looked at three people's care and medicines administration and supply records. We also looked at the personnel and training files of five staff. Other documents that we looked at relating to people's care included risk assessments, staff meeting minutes, handover notes, quality audits and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's risks associated with their health and care needs had been assessed to keep people safe and free from avoidable harm.
- Care plans documented people's identified risks and ways in which staff were to support them to minimise or mitigate all known risks. These included risks associated with behaviours that challenged, skin integrity, eating and drinking and mobility.
- However, we found that risk assessments did not always provide clear and detailed guidance about people's risks and in some cases significant information had been missed. For example, where people used specific moving and handling equipment, detail of the type of equipment being used had not been recorded. Where people had health conditions such as epilepsy, specific information about how the condition affected the person and how they were to be supported had not been documented.
- The service had completed a generic risk assessment for COVID-19 but had not considered people's individual risks which could be impacted upon if they were to contract the infection.
- During the inspection, we fed back to the registered manager and manager, the issues we identified and immediately following the inspection we were sent revised and updated risk assessments for each person.
- Care staff understood people's needs and associated risks and supported them appropriately.
- Appropriate safety checks had been completed for gas, fire, water and electrical safety. Regular health and safety checks were completed on the building and environment.

We recommend the registered manager regularly assesses, reviews and updates people's risk assessments to ensure that they are current and reflective of people's care, health and medical needs.

Preventing and controlling infection

- The home was clean and we did not identify any malodours around the home.
- We saw that all food preparation and storage areas were clean and appropriate food hygiene procedures had been followed.
- However, whilst we did not identify any issues with current infection control processes, there was a lack of consideration and implementation of recent guidance and recommendations as a response to the current COVID-19 pandemic. Staff training had not been provided and recommended additional infection control procedures and practices were not followed within the home.
- The service had only introduced additional cleaning schedules within the home one day before this inspection. This was as a result of an inspection that had taken place ten days earlier at another location managed by the same provider.

- Five staff members out of eight had not received any infection control training since 2019. In addition, there was no evidence provided, that staff had received training on the effective use of PPE or COVID-19. The manager stated that they would address this following the inspection and organise training for staff.
- We observed most staff wearing personal protective equipment (PPE) appropriately throughout the inspection. However, one staff member did enter the home, to start their shift at work, without any PPE and had to be told to wear a mask upon entry.
- Care staff told us that they had access to PPE to prevent and control the spread of infection.
- The providers COVID-19 contingency plan and business continuity plan had not been reviewed and updated in line with current government and Public Health England guidance. This has been further reported on under the well-led section of this report.
- The registered manager confirmed that the home had managed to keep people safe throughout the pandemic and that no one had contracted COVID-19 to date. However, issues identified in relation to infection prevention and control practices, potentially placed people at the risk of harm.
- During the inspection we signposted the provider to resources to develop their approach and implement practices to safely manage infection control and prevention within the home.

We recommend that the provider reviews its policies and procedures to ensure that they are in line with the most current government, Department of Health, CQC and Local Authority guidance.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect and safeguard people from the risk of possible abuse.
- We observed people to be happy and comfortable in their surroundings and around the care staff that supported them.
- Relatives confirmed that they believed their family member to be safe whilst living at Kellan Lodge. One relative told us, "I am assured he is safe."
- Care staff received training about safeguarding people from abuse and whistle-blowing and demonstrated a clear understanding of their responsibilities.
- The registered manager demonstrated a good understanding of safeguarding and the actions to take to report their concerns.

Staffing and recruitment

- We observed there were sufficient numbers of staff available so that people received care that kept them safe and met their needs. Rotas also confirmed staffing levels to match those we observed.
- The provider had policies and procedures to ensure the safe recruitment of staff. Staff recruitment files that we looked at contained evidence of a criminal records check, proof of identity, employment history and written references confirming conduct in previous employment.
- However, whilst policies and procedures supported safe staff recruitment, there were areas where the provider needed to ensure these were followed robustly. Areas of improvement identified during the inspection included obtaining staff members full employment history, exploring any gaps in employment, and requesting further assurance from referees to confirm staff members past conduct and suitability for the role, especially where date only references had been provided.

Using medicines safely

- Systems in place generally ensured that people received their medicines safely and as prescribed.
- Care staff received appropriate medicine administration training, however, competency assessments had not been completed to check and ensure staff were appropriately skilled with the required knowledge to administer medicines safely. The registered manager agreed to complete these following the inspection. We were sent confirmation that this had happened.

- Medicines were stored securely. medicines administration records were complete and no gaps in recording were identified. However, we did find that the appropriate authorisations were not in place for one person who required their medicines to be crushed and administered due to swallowing difficulties. This was addressed immediately.
- The registered manager completed weekly medicines audits and daily medicines stock checks to ensure people received their medicines safely and as prescribed.

Learning lessons when things go wrong

- All accidents and incidents were recorded with details of the actual accident/incident and actions taken as a direct result.
- However, accidents and incident were not reviewed and analysed so that further learning and improvements could be implemented. The registered manager stated that they would implement this going forward.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We were not assured that people were receiving care and support from care staff who were appropriately trained especially in specific areas in response to people's health and care needs.
- Care staff had received an induction and mandatory training in topics including moving and handling, first aid and safeguarding. However, training had not been provided in bespoke subjects including supporting people with learning disabilities, specific health conditions such as epilepsy, mental health and behaviours that challenge.
- Five out eight care staff had not received any infection control training since 2019. This was identified as an issue especially in view of the current COVID-19 pandemic because care staff may not be following current safe and effective processes to manage infection prevention and control.
- Although most care staff confirmed that they had received training and guidance on the effective use of PPE and COVID-19, we did not see any records confirming this. One care staff member told us that they had to source and complete their own training in this area. We brought these concerns to the attention of the registered manager who agreed to address these shortfalls immediately.

We found no evidence that people had been harmed however, the lack of suitable specialist training placed people at the risk receiving ineffective and unsafe care. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care staff told us that they were appropriately supported through supervision and annual appraisals. Records seen confirmed this.
- Relatives told us that they felt care staff were appropriately skilled and trained to carry out their role. One relative stated, "They are skilled and trained."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, choices and wishes were assessed prior to admission to Kellan Lodge, in line with best practice guidance, so that the service could confirm whether they would be able to meet those assessed needs. The assessment also took into consideration the needs and profiles of people currently living at Kellan Lodge so that personalities could be matched to promote friendships.
- Information gathered on assessment was then used to compile a care plan for care staff to read and follow so that people were supported safely and effectively according to their needs and wishes.
- Care plans were reviewed and updated monthly or when required when change had been noted.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink well to maintain a healthy and balanced diet.
- Throughout the inspection we observed people had access to drinks, snacks and meals of their choice. People were seen to enjoy meals they were offered.
- One person enjoyed cooking and preparing their own meal. Care staff supported the person accordingly and encouraged their participation.
- Where people required support to eat their meals, care staff helped them in a dignified and respectful manner.
- Where people had specific dietary needs and requirements, these were clearly documented within the person's care plan. Care staff were aware of people's dietary needs and requirements.
- Relative we spoke with did not express any concerns around the quality of meals provided at Kellan Lodge and stated that their family member always received a variety of food and drink that they wanted. One relative said, "When it comes down to food and drink they get what they want."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain and live healthy lives. Where required people were supported to access a variety of health and social care services.
- Health appointments and referrals to specialist services had been documented within people's care plans, with details of the actions to be taken, outcomes and guidance to follow.
- People received effective support in maintaining their oral hygiene.
- Relatives confirmed that people's health care needs were appropriately met and that they were always kept updated about any concerns or developments.
- Records were maintained of people's health and wellbeing which included, behaviour charts, weights and daily observations so that care staff could work together to ensure people received effective care and support.

Adapting service, design, decoration to meet people's needs

- People could decorate and personalise their own rooms as per their wishes.
- Kellan Lodge had been adapted to support people and their needs.
- People were able to access all areas of the home which included garden and outdoor areas. The home was able to support wheelchair access and had a lift for people to access the first floor.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The staff team demonstrated a good understanding of the MCA and how people were to be supported in line with the key principles of the act.
- We observed care staff asking for people's consent when supporting them.
- Where required the service had applied for DoLS and where authorisations had been granted these had been documented within the person's care plan.
- People and their relatives had been consulted around their care preferences and delivery of care. Care plans had been signed, mainly by relatives, to confirm agreed actions and decisions made in people's best interest.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People did not always receive care and support that was in response to their needs and preferences. Considering best practice guidance in relation to COVID-19, people were not always supported to live full and stimulating lives and were not always supported to go out and access the community as and when they wished.
- Activities provision was not person centred and did not taken into consideration people's likes, hobbies and interests.
- Records documented the activities that were organised and delivered within the home for all people. These were limited to relaxing, watching television, listening to music, colouring and painting.
- For one person, it was recorded in the care plan that they enjoyed going out into the community for a walk. On their activity planner compiled for October 2020, there were five occasions where the person was scheduled to go out during the week. However, between 31 October 2020 and 10 December 2020 the person had only gone out once for a walk.
- On 29 November 2020 the same person had become agitated as they wanted to go out, however they were refused to be taken out by care staff. Daily records documented that the reason behind the refusal was due to the COVID-19 pandemic. No consideration had been given towards the person's mental well-being, risk and safety.
- This meant that the service was not always following the underpinning principles of Right Support, Right Care, Right Culture. The lack of individualised provision of activities did not always promote choice, control and independence.

Due to the lack of person-centred activities, stimulation and access to the community, people did not always receive care that was responsive to their needs. The lack of activity provision and stimulation did not promote choice, control and independence. This meant that the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the issues we identified around activity provision, people did receive day to day care that was responsive to their personalised needs, requirements and preferences.
- Care plans were detailed and person centred providing specific information about the person, their background, their needs, likes and dislikes, behavioural traits and how they wished to be supported.
- Care plans were reviewed monthly or sooner where changes had been noted.
- Relatives told us that they were involved in the care planning and review process.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and how staff were to respond to those needs, were documented within their care plans.
- Care plans detailed the person's communication methods and gestures or body language they may use, what they mean and how staff should respond.
- Care plans and other care related documents were presented in easy read and pictorial formats to assist people with their communication needs.

Improving care quality in response to complaints or concerns

- People were observed to approach the care staff that supported them with confidence and were able to communicate in their own way to express how they were feeling.
- Care staff were able to explain how they would identify if a person was unhappy through facial expressions and the person's body language.
- Relatives knew who to speak with if they had any concerns or complaints to raise.
- Relatives told us that they were confident and assured that if they had identified a concern or issues this would be addressed immediately. One relative told us, "Any problems I would speak to [registered manager] and she would deal with it."
- Complaints received were logged, investigated and responded to according to the providers complaints policy.

End of life care and support

- Kellan Lodge was not currently supporting anyone with end of life care.
- However, the manager stated that they would work together with the person, their relatives and any necessary health professionals to adapt to people's changing needs when this level of care was required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider did not always plan and ensure good outcomes for people through person centred care. Risk assessments lacked individualised detail on how the risk specifically impacted people and how care staff were to support the person to minimise risk.
- Poor infection control prevention, management and lack of staff training placed people at risk of infection and poor health especially during the current COVID-19 pandemic.
- People did not have access to activities that were person centred and considered their likes, hobbies and interests. People were not always supported to access the community when they wanted to.
- The provider did not fully follow the underpinning principles of Right Care, Right Support, Right Culture. The lack of individualised provision of activities did not always promote choice, control and independence.
- Whilst we found that people were physically taken care of, we found significant failings throughout the inspection as detailed within this report that impeded the delivery of person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes in place to monitor and oversee the quality of care people received were not always effective.
- The manager completed a variety of checks and audits which included medicines administration and management, health and safety and spot checks of staff performance. These checks were overseen and monitored by the registered manager. These checks did not identify some of the issues we identified as part of this inspection process.
- Accidents and incidents were not reviewed or analysed so that patterns and trends could be identified, and further learning and improvement could be implemented.
- The manager and senior care staff reviewed care plans on a monthly basis but did not identify gaps and inconsistency in recording of risks. Care plans were not always updated where people's risks had changed or where people were at additional risk due to changes in their health or circumstance such as COVID-19.
- Recruitment checks were complete. However, checks completed were not always robust and comprehensive to safely assess staff suitability to work with vulnerable adults.
- Care staff were not provided with specialist, bespoke training in response to people's individualised health and care needs. Care staff had also not received any refresher infection control and prevention training especially in response to the current COVID-19 pandemic.

- The providers COVID-19 contingency and business continuity plan had not been reviewed and was not reflective of the current situation relating to COVID-19. Guidance links within the document had expired, symptoms of COVID-19 described within the policy were incorrect and there was no clear directive or guidance on how the home was to manage infection prevention and control.
- Oversight procedures in place did not always identify gaps and issues with care provision and the quality of care delivery. This meant that people were possibly placed at risk of harm.

Whilst we found there was no evidence that people had been directly harmed by the issues as identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the quality of care at the home. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and manager understood their legal responsibilities in relation to being open and honest with people when something went wrong.
- Where required, the registered manager and manager was also clearly aware of their responsibility of informing the CQC and other involved agencies where specific incidents had taken place or allegations of abuse had been made.
- Relatives told us that the home communicated with them on a regular basis and provided feedback about the person, their needs, significant events and concerns. One relative said, "If there are any problems they ring me up and they have kept me informed."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were engaged and involved in the delivery of their care and the care of their family member. The manager told us that they maintained regular communication with relatives by telephone. This was confirmed by relatives we spoke with. One relative told us, "They do keep me updated, they call me and let me know, if there is anything."
- The provider did ask relatives and health professionals to complete satisfaction surveys about the quality of care provision and provide ideas and suggestions for further improvement. One relative had completed a survey in November 2020 and other relatives and health care professionals had last completed the survey in 2019. Responses had been positive. However, the provider stated that they needed to identify and implement an improved process on obtaining feedback which was meaningful and productive.
- Care staff told us and records confirmed that they were always involved in the management of the home and that various systems were in place which enabled them to share experiences, learn from each other and make suggestions. These included supervisions and regular staff meetings.
- The service worked in partnership with a variety of other agencies and community facilities to support people's care and wellbeing. This included healthcare professionals, the local authority, local care homes, learning disabilities and mental health professionals.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People did not always receive person centred care. The provider did not follow the principles of Right Support, Right Care, Right Culture. Activities provision was not person centred and did not take into consideration people's likes, hobbies and interests.</p> <p>Regulation 9 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Management systems in place were not robust or sufficiently comprehensive to demonstrate adequate oversight of the quality of care at the home. This placed people at the possible risk of harm.</p> <p>Regulation 17 (1)(2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not always have access to the appropriate training to support people effectively and in response to their specific health and care needs.</p> <p>Regulation 18 (1)(2)</p>

