

Slough Borough Council

Respond

Inspection report

Respond Adult Respite Service
3 Priors Close
Slough
Berkshire
SL1 2BQ

Tel: 01753570866
Website: www.slough.gov.uk

Date of inspection visit:
25 April 2018
30 April 2018

Date of publication:
12 July 2018

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 

Summary of findings

Overall summary

Respond is a residential adult care service for short-term respite which is managed by Slough Borough Council. The service currently provides critical respite care to adults with learning disabilities. It offers both planned and emergency support to enable families to take scheduled breaks from their role of caring for people living at home. The service also provides an emergency placement facility. At the time of our visit the provider was carrying out a programme of building works and re-development for Respond and another one of its services. This meant six people from another service had temporarily moved into the respite service. Therefore, only two out of the eight available beds were used for respite. During our inspection there were two people using the respite service.

A manager was in post and was registered with us since October 2010. 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 and associated Regulations about how the service is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning difficulties and autism using the service can live ordinary a life as any citizen.

At our previous inspection on 13 and 14 January 2016 we found a breach of Regulation 18 of the Care Quality Commission Registration Regulations 2009. We asked the provider to take action to make improvements in the key question of well-led. This was because the service did not notify us without delay of DoLS authorisations approved by the supervisory body and safeguarding alerts raised with the local authority. We asked the provider to send us an action plan to show the what improvements would be made, by 28 March 2016. The provider failed to submit the action plan.

During this inspection, we found the service still did not notify us of certain events. When notifiable safety incidents happened, the registered manager did not follow actions as required under the duty of candour regulation. Although relatives felt the service was well managed, we found a negative workplace culture amongst staff, who felt unsupported and not listened to. Governance and performance management systems were not always reliable and effective.

Staff were not appropriately inducted; trained and supervised. People's personal safety had been assessed and plans were in place to minimise identified risks. We noted these were not always reviewed.

People were supported to have maximum choice and control of their lives. However, the service was not always compliant with Mental Capacity Act 2005 and its codes of practice, as some people were unlawfully deprived of their freedom.

Relatives were positive about the caring nature of staff. We heard comments such as, "Staff members are fantastic, wonderful, and very patient; I have never had any problems. They speak to my daughter as if she is a human being" and "I know the staff well and I trust them. My son comes back (home) very happy and is very comfortable at the unit and with all the staff. I think the unit has a homely feel."

Staff knew people's care and support needs. We observed they were very friendly, caring and had a very good rapport with the people they interacted with. Staff gave examples of how they protected people's privacy, confidentiality and promoted their independence.

Relatives felt their family members were kept safe from abuse. A relative commented, "Once there was bruising and staff phoned straight away to find out if I was aware, which I was and I know she gets bruises when she rides the cycle."

Staff knew how to protect people from harm. There were sufficient numbers of suitable staff to care and support people to stay safe and robust recruitment practices were in place to ensure people. Medicines were administered safely. There was some confusion regarding medicines as two different systems were in use. We have made a recommendation about medicines management.

People's nutritional and health needs were met.

Relatives felt the service was responsive to people's needs. Plans of care were person-centred to ensure they met people's specific needs. The service was compliant with the accessible information standard (AIS) to ensure people with a disability or sensory loss can access and understand information they are given. Relatives knew how to raise concerns but felt there were no need to as any concerns raised were dealt with promptly.

We found six breaches in the regulations as a result of this inspection. You can see what action we told the provider to take at the back of the full version of this report.

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.

People's personal safety had been assessed and plans were in place to minimise identified risks. However, these were not regularly reviewed.

Relatives felt people were safe from harm and staff had a good understanding of how to do this.

There were sufficient numbers of suitable staff; recruitment practices ensured vulnerable adults were protected and medicines were administered safely.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The service did not always act in accordance with the Mental Capacity Act 2005.

Staff did not receive appropriate induction; training and supervision.

People's nutritional and health needs were met.

Requires Improvement ●

Is the service caring?

The service was caring.

Relatives gave positive feedback when discussing the caring nature of the staff.

Staff were observed to be friendly; caring and had a very good rapport with the people they interacted with.

People's privacy, confidentiality and staff promoted their independence.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Relatives felt the service was responsive to people's needs.

Care plans were person-centred and the service ensured people with a disability or sensory loss had access and understood information they were given.

Relatives knew how to raise concerns. Complaints were responded to appropriately.

Is the service well-led?

The service was not always well-led.

The service was not transparent when notifiable safety incidents happened.

Although relatives felt the service was well-managed, we found a negative workplace culture amongst staff, who felt unsupported and not listened to.

Governance and performance management systems were not always reliable and effective.

Requires Improvement ●

Respond

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 checked 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 was an unannounced inspection which took place on 25 and 30 April 2018 and was carried out by an adult social inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

We looked at the provider information return (PIR) which the provider sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the information we have collected about the service.

As part of our inspection we spoke with three relatives of people who used the service. We were unable to speak at length to any of the people who used the service, due to their capacity to understand. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We spoke with the registered manager; two senior care workers and two care workers. We looked at two care records, four staff records and records relating to the management of the service.

Is the service safe?

Our findings

Risk assessments were in place to support people to be as independent as possible. These were person-centred and protected and supported people to maintain their freedom. For instance, assessments of risks covered personal care; fire procedures; identified risks around the building; using the kitchen; going out into the community and medical conditions. A relative commented, "I know my daughter is safe, because she has lots of epileptic seizures and staff know how to deal with this, they place her in the recovery position and comfort her." However, we noted risk assessments were not regularly reviewed and kept up to date. This was supported by a staff member who commented, "Care plans have risk assessments, although they are not all up-to-date." For instance, we looked at the risk assessment for a person which showed risks identified for epilepsy; fire evacuation; community and personal care were last reviewed in 2016. We noted the person had several planned stays for respite between 2016 and our inspection. This meant there was a potential for people to receive unsafe care.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives felt staff administered their family member's medicines appropriately. For instance, one relative commented, "Periods can be very difficult for my daughter, she has PRN (as required medicines) so when staff administer it they always record it in her support plan and I'm also informed."

Staff explained the procedures they would follow when administering medicines to people who used the service for respite. For instance, a staff member commented, "We have medicine information disclaimer sheets which are completed by people's relatives. These inform us of what medicines they are prescribed and dosage." However, some staff expressed concerns regarding different procedures used to administer medicines for people who used the service for respite and people who were temporarily staying at the service, due to the current renovation and refurbishment program. This was supported by a pharmacist's report after a visit that took place on 3 April 2018. The visit was arranged by a senior care worker who wanted to discuss how medicines management systems could be reconciled between the people staying temporarily and people that used the respite service. The pharmacist recommended a single system should be put in place to ensure safe and accurate medicine management, as the current procedures appeared to cause concern for staff. We saw no documentation or clear guidance for staff to follow based upon this recommendation. A view of the service's medicine policy and procedures showed it was last updated on 14 June 2016 and therefore did not reflect current best practice.

We recommend the service seeks current best practice and guidance in relation to the management and administration of medicines.

Relatives felt their family members were safe from harm. Comments included, "Once there was bruising, and staff phoned straight away to find out if I was aware, which I was and I know she gets bruises when she rides the cycle" and "My son can be challenging by self-harming. I know he is safe because he never shows this behaviour there (at Respond)."

Staff demonstrated a good understanding of how to protect people from abuse and what action to take if they suspect alleged abuse had happened. Comments received from senior care workers included, "I noticed a person exhibiting behaviour that we would not normally see. I found out they had sustained an injury so I raised a safeguarding alert" and "If we see or hear any issues of concern, we report it. I would write a statement of what I had seen and contact management or the police straight away." Comments from care workers included, "I have to be alert to any form of abuse such as financial, and I have attended safeguarding training about a month ago" and "I reported an incident to the (registered) manager and it was taken seriously." This meant people received care and support from staff who were aware of their individual responsibilities to prevent, identify and report abuse.

The registered manager informed us the service was to temporarily close due to the current renovation and refurbishment program and they had started packing away documents in preparation. Therefore, we could not gain access to some of the service's policies which were in paper format. However, staff told us they had access to all relevant policies electronically. We viewed all safeguarding incidents and found these were responded to appropriately.

There were arrangements in place to keep people safe in an emergency. For instance, a public fire action plan notice showed procedures that should be followed by people and staff in the event of a fire. This was visibly displayed in pictorial and easy-read format in the communal area. During our visit the fire alarm went off unexpectedly. Staff followed the fire evacuation procedure and made sure everyone was evacuated from the building safely. We saw all necessary fire checks were regularly undertaken.

Staff gave varied feedback regarding staffing levels. Comments included, "It's manageable, agency staff are contracted to this service, so all shifts are covered", "Yes (enough staff), four staff per shift is fantastic!", "Ideally we could do with more staff on shift. However, we do have two night staff on duty as most of our service users do have high needs" and "We currently have four staff per shift but really could do with five because of people's high care needs." We spoke with the registered manager who told us about current staff vacancies and the actions taken to address them. The staff rota showed shifts were appropriately covered.

Recruitment systems in place made sure the right staff were recruited to support people to stay safe. Records showed the service had carried out all relevant checks, which included criminal records checks; obtaining references and completed medical health questionnaires. This made sure staff were suitable to work with vulnerable adults.

People were protected by the prevention and control of infection. A relative commented, "The unit is always nice, clean, and tidy and smells good. This was confirmed by observations during our visit. Staff were aware of their role and responsibilities in relation to infection control. For instance, a staff member commented, "When I am providing care, I wear gloves, aprons and change them in between each service user."

Is the service effective?

Our findings

Relatives spoke positively about staff and felt they were experienced and skilled to provide care and support to their family members. However, we found staff did not always receive appropriate induction, training and supervision. A staff member commented, "There's an induction policy but it is not being followed." Staff records showed out of three new staff members who commenced their employment with the service in January 2018, only one had a thorough induction. We viewed a 'general checklist for manager' form which was signed and completed by the registered manager and a new staff member. This covered amongst other things, procedures that should be followed around health and safety; medication; petty cash; client accounts; care plans; risk assessments; fire procedures; accidents and incidents and annual leave. We noted this form was to be used in conjunction with new staff's probationary review to ensure actions were completed within appropriate timeframes. We saw records of probationary reviews undertaken for all three staff members. We noted the service did not follow the Care Certificate standards. This is a set of 15 national standards that new health and social care workers should complete, to make sure new staff were supported; skilled and assessed as competent to carry out their roles.

Records showed there was no scheduled programme for essential training and refresher training to make sure staff were kept up to date with current best practice. We noted two new staff members had received safeguarding adults training; moving and handling; safer handling of medicines training and had their competency to administer medicines assessed. However, another new staff member did not receive all the essential training needed for their role. A new staff member commented, "I have no development plan and have only attended manual handling and medicines training. A view of the staff's record confirmed what they had told us. None of the new staff had undertaken, infection control; epilepsy; emergency treatments of first aid; food hygiene; Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. We viewed a memo sent from the registered manager to a new staff member who had enquired about further training. In their response the registered manager stated that training, "Will be allocated in order based on need, priority and availability." We looked at the 'staff personal development plan' for a senior care worker and saw most of their essential training was out of date and had not been refreshed. This demonstrated people received care and support from staff who were not supported to undertake training, learning and development to enable them to fulfil the requirements of their role.

Staff did not receive appropriate ongoing or periodic supervision in their role. Comments included, "Supervisions are not carried out, they are meant to happen every six weeks but I have not received any in the last two years" and "Supervisions happen every six to eight weeks; you can request one but I have not had any", "I have had no supervisions." Senior care workers had the responsibility to carry out supervision. A senior care worker commented, "I need supervision training. The registered manager is aware and is trying to arrange this." This meant people received care and support from a service that did not always motivate their staff, review practice and behaviours, and focus on their professional development.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of inspection, six people had temporarily moved into Respond as part of the provider's renovation and refurbishment programme of another location. We noted standard authorised DoLS had been issued for their previous accommodation. However, the service did not realise that DoLS were location specific and had not re-applied for DoLS when these six people had moved into the service in January 2018. By the end of our inspection, the service had submitted applications for all six people.

We looked at the DoLS for two people who were using the service for respite. We noted one person had a DoLS application dated 17 June 2016 which was to be in force for only seven days. However, there was no further records to show the application made had been authorised. We contacted the relevant department at the local authority who carried out a check and informed us they had not received any DoLS application for the person since 2014. The registered manager showed us an DoLS application that was recently submitted for the person. This meant there were occasions when the service had unlawfully deprived people of their liberty.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Consent was sought from people and staff involved them in decisions. This was observed during our visit. A senior care worker when discussing how they involved people in decisions used the phrase, "Nothing about me, without me." A care worker commented, "I follow the support plan to see how people give consent. All staff stated they would ask people and get people's permission before care was delivered.

Relatives felt their family members received adequate support with their meals. Comments included, "He (the person) has a special diet and they (staff) know exactly what food he isn't allowed to eat", "Food wise, I don't get involved she (the person) has a strict diet at home but at the unit I allow them to give whatever as long as it is liquidised food" and "(The staff) know what he (family member) can eat because he has a special diet."

We observed the lunch period and saw people were appropriately supported. Care records showed people's food preferences and how they should be supported with the meals. The service took cultural, ethical and religious needs into account when planning meals and encouraged people to make healthy choices.

The service worked with other healthcare professionals to ensure people received good health outcomes. A senior care worker commented, "We make referrals to health care professionals." This was documented in care records we viewed.

Although the service was adapted and designed to meet the needs of people who used the service, the provider was due to carry out an extensive program of renovation. This included the addition of specialist adapted equipment that would enable the provision of better care and support to people.

Is the service caring?

Our findings

Relatives were consistently positive about the caring nature of staff. Comments included, "Staff members are fantastic, wonderful, and very patient; I have never had any problems. They speak to my daughter as if she is a human being", "I know the staff well and I trust them. My son comes back (home) very happy and is very comfortable at the unit and with all the staff. I think the unit has a homely feel" and "I know staff like (the person) because they always say they miss her."

We observed staff were very friendly, caring and had a very good rapport with the people they interacted with. For instance, we saw a person was supported with his meal in a kind considerate way. A staff member waited for the person to finish what they ate before offering them more food. The staff member talked to and praised the person for eating their meal. They told us the person was only offered food that their mother advised them to give.

Relatives said staff knew their family members well. Comments included, "I think staff work very well with him (the person) and know his routine" and "They (staff) know all the small personal things about him (the person), which I'm really pleased about." This was confirmed by our discussions with staff who spoke confidently about people's care and support needs and various aspects of their lives. Care records gave a summary of people's background; duration of stay and frequency. A relative commented, "Staff asked for photos of my family as a topic of conversation with my daughter when she there for respite." This enabled staff to provide care and support that was person-centred.

People's right to privacy and confidentiality was always respected. Staff had a good understanding of the boundaries of confidentiality. A senior care worker told us, "Information is only shared on a need to know basis." People's personal information were kept securely and electronic devices were password protected. Staff said intimate care was carried out in the privacy of people's rooms and people's (bodies) were always covered to maintain their dignity.

Where possible, people were encouraged to be independent. A senior care worker commented, "Part of the planning of care is finding out what service users want to achieve and helping them to independently do this." Care records clearly documented what people could do and where further support was required. Staff encouraged people to be involved in decision-making. For instance, throughout our visit people were asked to make choices in regards to various aspects of care. This included choosing what food they wanted to eat and clothes they wanted to wear.

Is the service responsive?

Our findings

Relatives told us they had yearly reviews with their social workers and staff would always ask us if there had been any changes since the last respite session. This was confirmed by a senior care worker who commented, "We always ring two to three days before hand to confirm people's stay. We establish if service users are well and if there's any changes we need to be aware of."

Relatives described how the service was responsive. Comments included, "My son likes trains, so he goes to the office and looks at trains on the computer. If he likes one, staff will happily print a copy for him", "I think they meet my daughter's needs well, they let her play on the floor and let her sit in the massage chair" and "The service is flexible and we have emergency numbers given to us in case we need respite at short notice. In fact, the service has never cancelled on us at all."

Staff gave examples of how they responded to people's needs. For instance, a care worker commented, "There is one person who told me they didn't get to visit the High Street often, so I took them to the High Street."

Care plans were personalised and detailed daily routines specific to each person. For instance, a person's care records clearly documented their hobbies; interests and daily routines. This included the time their evening medicines were to be administered; the time they retired to bed; how often staff should conduct regular checks throughout the night, and what time they woke in the morning. This meant people received personalised care that was responsive to their needs.

The service acted in accordance with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff used accessible means of communication whenever needed. For instance, a senior care worker commented, "We use Makaton (this uses signs and symbols to communicate); pictures and some people have their own communication device. We use what people prefer." What the staff said was supported by our observations. There was a variety of tools that made sure people could communicate and be understood. Care records clearly showed the service flagged, shared and met people's communication needs.

People were given the opportunity to express their opinions about the service. A senior care worker commented, "We have service user meetings where people give suggestions such as, activities they would like to attend and meal planning". This was supported by minutes of service user meetings, that were in pictorial and easy read format and displayed on a communal notice board. For instance, we looked at the minutes of meeting held on 18 February 2018 and 2 April 2018. People gave their views on various topics such as, Easter eggs; birthday parties; movie night and having fish and chips on Good Friday. Pictures on display showed people involved in these activities.

Relatives spoke positively about how the service met their family member's social needs and gave various examples. Comments included, "Staff write notes and send photos of the activities she (the person) has done in her bag, so I know what she has been doing at the unit or where she has been, like a visit to the farm" and "My son has done many activities while he has been going there. Examples of activities (included); baking cakes, shopping for his magazines or books, in summer they go to park and do barbeques in the garden. Sometimes they (people) go to special events."

Relatives were very happy with the service provided and said they had no reason to complain as any concerns raised were dealt with straight away. A relative commented, "I was concerned about the use of agency staff at night. I was assured that no agency staff will be on night duty on their own, they will always be paired with a permanent member of staff." This was confirmed by our discussions with staff and a view of the staff rota.

Signage on how to complain and the procedure to follow was displayed in easy-read format for people and their relatives. Where complaints were received the service responded appropriately.

Respond offers both planned and emergency support to enable families to take scheduled breaks from their role of caring for people with learning disabilities, living at home. This did not include provision for people who were at the end stages of life.

Is the service well-led?

Our findings

At our last visit on the 13 and 14 January 2016, we found although the service had reported safeguarding incidents to the relevant body and received DoLS application outcomes from the supervisory body (local authority). The provider did not comply with their legal duty to notify us of these events. We asked the provider to send us an action plan to show the what improvements would be made, by 28 March 2016. The provider failed to submit the action plan.

Governance and performance management systems were not always reliable and effective. Due to the major renovation and refurbishment programme of another location, there were no systems to make sure care plans were audited and staff inductions; training and supervisions were monitored. Accidents and incidents were recorded but there was no analysis to identify themes and any actions that were required. Therefore, there was no documents to show what improvements had been made when things went wrong.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found there were no change in the service's non-compliance to notify us of instances related to safeguarding and DoLS. This meant people received care and support from a service who did not fully understand their legal responsibilities.

This was a continued breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

There is a legal requirement for providers to be open and transparent. We call this duty of candour (DoC). The regulation states when certain safety events happen, providers must undertake a number of actions. We checked to see if the service met the requirements of this regulation. We found where there were notifiable safety incidents, the registered manager did not comply with the conditions of the DoC.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last visit the provider had carried out restructuring of its services. A major programme of renovation and refurbishment of Respond and another one of the provider's location was underway. This meant people and staff from the other service had to temporarily move in to Respond. The registered manager explained that before the restructuring started, the provider carried out consultation with people's families, stakeholders and staff. Staff were informed of the new ways of working which meant a change in their employment contract as, they would have to work across both services. Staff expressed their dissatisfaction with this as some did not feel adequately prepared to work with people who used the respite service. For instance, one staff member commented, "If support staff were better informed of the respite patients in advance, then staff could better plan activities for those particular service users." We found a

negative workplace culture existed amongst staff as they were neither prepared nor appropriately adjusted to the changes.

Some staff felt, the lines of communication between management and staff was not good. Staff said they were unsupported and not listened to. Comments included, "There could be better communication between the support staff and management. Since the refurbishment communication has been very poor" and "What we really want to talk about is pushed aside." We viewed minutes of a staff meeting dated 7 February 2018, where staff had expressed concerns about a seven-day work pattern without a day off. Staff had also expressed a need for mandatory training and supervisions. Staff we spoke with stated there had been no follow up meetings to address these concerns. This was confirmed by our view of staff records.

Discussions with staff showed they did not understand the vision, values and what the service's strategic goals were. Comments received included, "The vision of the service is not clear", "I don't know what they (vision and values of the service) are but (the registered manager) is very service-user orientated" and "Not really, (know the visions and values of the service), no."

Relatives felt the service was well-managed and they were asked to give verbal feedback on how things were going and what they thought of the service. Comments included, "They (staff) have done some questionnaires recently on the service" and "I have no doubts about this service, it's very good and if I had any concerns I wouldn't allow my daughter to stay there."

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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The service did not notify the Commission without delay of DoLS application that had been approved by the supervisory body and safeguarding alerts raised with the local authority. Regulation 18(4) (b) and 18 (2) (e).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>There were occasions when the service had unlawfully deprived people of their liberty.</p> <p>Regulations 11 (1)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There were occasions when the service had unlawfully deprived people of their liberty.</p> <p>Regulations 11 (1)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service did not send to the Commission, an action plan, when requested to do so and by the required date.</p>

Governance and performance management systems were not always reliable and effective.

Regulation 17 (2) (a), (b) and (3) (a).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA RA Regulations 2014 Duty of candour

The service did not act in an open and transparent way.

Regulations 20 (1), (2), (3), (4), (5), (6).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not received appropriate induction, training and supervision.

Regulations 18 (2) (a).