

Keats House Healthcare Limited

Keep Hill Residential Home

Inspection report

17 Keep Hill Drive
High Wycombe
Buckinghamshire HP11 1DU
Tel: 01494 528627
Website: www.Keephill.co.uk

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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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 5 and 6 March 2015. It was an unannounced visit to the service.

We previously inspected the service on 2 October 2013. The service was meeting the requirements of the regulations at that time.

Keep Hill Residential Home provides support for up to 9 older people. It has 5 bedrooms on the ground floor and 4 upstairs. There is ramped access to the building and a passenger lift to help people up and down stairs. Eight people were living at the service at the time of our visit. One person was staying for a short break.

The service had a registered manager in post. They were also the registered provider of the service. 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 received positive feedback about the service. Comments from people included "I'm quite happy here," "I've no worries" and "It's nice here – homely." One person we met described a member of staff as their "Guardian

Summary of findings

angel.” Another told us a care worker who had supported them was “Very efficient.” Staff told us they had “Time to give people the care they need without rushing.” Relatives and visitors were happy with the standards of care. One said their relative “Seems happy enough here.” Another relative said they liked the fact that “Staff are always the same” so their family member was supported by care workers who knew them and understood their needs. They also told us “Staff are very kind and friendly.”

We found staff had completed training on abuse to provide them with the skills and knowledge to recognise and respond to safeguarding concerns.

Risk was not consistently managed well at the service. Written risk assessments had been prepared to reduce the likelihood of injury or harm to people during the provision of their care. However, there were hazards around the building which the provider had not noticed and which could cause harm to people. These included a loose radiator cover, a stair gate upstairs and lack of window restrictors to prevent people falling from upstairs windows.

There were sufficient staff to meet people’s needs. People were supported in an unrushed manner and staff were respectful and courteous when speaking with them. We heard conversations where staff were kind and compassionate towards people.

People were at risk of being supported by unsuitable care workers. Recruitment procedures were not consistently effective, as the full range of required information was not received before staff started work.

People were not supported by staff who had received effective supervision or appraisals to ensure they were performing to a satisfactory standard. However, staff told

us they felt supported and regular team meetings were held. We have made a recommendation about supporting and developing staff through supervision and appraisals.

People’s views about how they wished to be supported and important background information was not always taken into account. Care plans had been written to document people’s needs. These did not always show that people and /or their relatives had been involved in what went into care plans. We have made a recommendation to involve people in their care planning. Decisions made on behalf of people had not followed the principles of the Mental Capacity Act 2005, to make sure actions were lawful and reasonable to protect people’s rights.

Staff supported people with their healthcare needs. We saw staff contacted people’s GPs when they had concerns and made a note of any advice given.

The building complied with gas and electrical safety standards. Equipment was serviced to make sure it was in safe working order. We found concerns with infection control practice in the kitchen. We have referred these to the Environmental Health Department.

People were at risk from receiving unsafe or inappropriate care. The service was not always managed well. The concerns we identified during our visit had not been picked up as part of the provider’s quality assurance processes. Records were not always maintained to an appropriate standard. We found policies and procedures were out of date and did not take into account current good practices.

We found breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version 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 always safe.

People were not protected from the risk of infection because the provider had not always followed safe infection control practices.

People were at risk of being supported by staff who did not have the right skills and attributes because the provider did not have robust recruitment procedures in place.

People were not protected from hazards around the premises as these had not been identified so that action could be taken to reduce the risk of injury or harm.

Requires improvement



Is the service effective?

The service was not always effective.

People were not protected against the risk of unsafe and ineffective care because staff had not been appropriately supported through regular supervision and appraisal.

Decisions made on behalf of people who lacked capacity may not be lawful as they were not made in accordance with the Mental Capacity Act 2005.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Requires improvement



Is the service caring?

The service was caring.

People were treated with kindness, affection and compassion.

Staff treated people with dignity and respect and protected their privacy.

People were supported by staff who engaged with them well and took an interest in their well-being.

Good



Is the service responsive?

The service was not always responsive.

People's preferences and wishes for how they wanted to be supported were not always sought and taken into account.

There were procedures for making compliments and complaints about the service. People were able to identify someone they could speak with if they had any concerns.

People were supported to take part in activities to increase their stimulation.

Requires improvement



Summary of findings

Is the service well-led?

The service was not well-led.

People's needs were not appropriately met through effective leadership and support.

The provider did not effectively monitor the service to make sure it met people's needs safely and effectively.

Staff promoted the provider's values such as dignity and respect in the way they supported people.

Requires improvement



Keep Hill Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 5 and 6 March 2015 and was unannounced.

The inspection was carried out by one inspector. Before the inspection, we reviewed notifications and any other information we had received since the last inspection. A

notification is information about important events which the service is required to send us by law. We contacted healthcare professionals, for example, district nurses and dietitians, and the local authority commissioners of the service, to seek their views about people's care. We also contacted two people's relatives after the inspection, to ask them about standards of care at the service.

We spoke with the registered manager, four staff members and all of the people who used the service. We checked some of the records. These included three people's care plans, seven people's medicines records, two staff recruitment files and training records of all staff. We also looked at servicing and maintenance records, such as the gas safety and electrical installation certificates.

Is the service safe?

Our findings

People we spoke with told us they felt safe. They said staff were around when they needed them and call bells were answered within reasonable times. One person told us they managed their own medicines and were happy to do this. They told us staff had checked to make sure they kept their medicines safe. A relative said they liked the fact that “Staff are always the same” so their family member was supported by care workers who knew them and understood their needs.

People were at risk of receiving unsafe care or care that was not appropriate to their needs. Risk assessments had been written, to reduce the likelihood of injury or harm to people. Assessments included the likelihood of choking, the risk of falls and likelihood of becoming malnourished. Some of the assessments had not been reviewed to make sure they were still appropriate for people’s needs. For example, a moving and handling assessment written by the previous provider was still in use and had not been updated since 2012. This was also the case for assessments on the use of bed rails and an adjustable bed. However, these records did not appear to affect the quality of people’s care.

People were at risk of harm. We found hazards around the premises. A radiator cover had come loose outside one of the bedroom corridors. The cover was secured on the second day of our visit. A stair gate was in place at the top of the stairs. There was no risk assessment to check whether it could cause risk in itself from people tripping over the bottom ledge or climbing over it if they did not know how it opened. We also found upstairs side windows, except one, did not have restrictors fitted to prevent anyone falling or climbing out.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were at risk of being cared for by staff who may not have the right skills and experience to support them. The registered manager was aware of most of the required checks which needed to be carried out before staff started work. This included a check for criminal convictions and written references. We found a second reference had been requested but not returned in one file. The registered

manager attended to getting this straight away. The application form used by prospective workers only required them to list their last employer. This meant the provider was unable to check performance in previous health and social care employment if this was before the last job, or check gaps to people’s employment. There was also no health screening undertaken to ensure workers were physically and mentally fit for their roles.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had attended recent training on infection control. They wore protective items such as gloves and aprons to prevent the spread of infection between people. However, staff did not always follow safe infection control procedures. We found bars of soap in two shared bathrooms and a pot of skin cream in one shared toilet. There was potential for more than one person to use these items and spread infection.

We noted some food safety concerns. There were small patches where the surface had peeled away from kitchen worktops and cupboards. Two loose ceramic tiles had been placed over a larger worn patch next to the cooker. These worn areas may have provided places for bacteria to grow. There was also some uncovered food, one of which was past the use by date. The inside of one food cupboard door was marked with finger prints and other stains. This showed that rigorous food safety practices were not always used and could place people at risk of harm.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have referred these concerns to the Environmental Health Department.

People were safeguarded from the risk of abuse. All staff had received training on safeguarding. This provided them with the skills and knowledge to recognise and respond to safeguarding concerns. They described signs which might indicate someone was being abused, such as bruising, becoming withdrawn and crying. Staff told us they would speak with a range of people if they had any concerns. This included the deputy manager, registered manager and the

Is the service safe?

person's GP if appropriate. They also knew how to contact the Care Quality Commission if need be. A member of staff told us they had concerns about the welfare of a person who had returned back to their own home. They said they would be contacting the social worker to let them know what the concerns were. This showed they responded appropriately to protect people from the risk of harm.

People's medicines were managed safely. People told us they received their medicines when they needed them. Staff handling medicines had received training on safe practice. We observed they used correct procedures and maintained appropriate records to show when medicines had been given to people. This provided a proper audit trail. We saw there was inconsistent practice in putting the date of opening on some medicines where this would be useful to note.

Equipment was serviced to make sure it was in good working order. The passenger lift and hoist had been

serviced recently and were safe to use. There were certificates to confirm the gas and electrical supplies met safety standards. Testing of water had taken place last year and was free from harmful bacteria which could make people unwell.

The provider had measures in place to respond to emergencies. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately.

We observed there were enough staff to support people. People's needs were met in a timely way with call bells answered promptly. Staff told us they had "Time to give people the care they need without rushing." We saw staff managed busy times of the day well to ensure people's needs were met, for example, at meal times. Staffing rotas were maintained and showed shifts were covered by a mix of care workers and senior staff, to meet people's needs.

Is the service effective?

Our findings

People told us staff contacted their GP or other healthcare professional if they were unwell. They said they had enjoyed their meals and were given enough to eat and drink. One person told us “Food is good, on the whole.” Another person said “We’re encouraged to eat and drink.” A third person told us they had been very underweight before they came to the service. They said they had since put on weight and felt healthier.

We received positive feedback from healthcare professionals about how the service managed people’s healthcare needs. One said staff followed any instructions they gave and people seemed to receive good care. Another told us staff were always keen and eager to gain more advice to help improve people’s nutrition. For example, wanting advice on food fortification to aid weight gain. They added staff always had the information they needed to hand, such as people’s current weight, to help them with their assessments.

We checked the provider’s compliance with the Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards (DoLS). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. Staff had attended training on the MCA and DoLS this year.

No DoLS applications had been made at the service. The registered manager told us they were aware of how to make an application as they had done this previously. We found the home was not always complying with the principles of the MCA. For example, one person needed bed rails to keep them safe. There was no record of a best interests meeting between relevant persons to agree this decision. This meant the decision may not be lawful.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received their care from staff who had been appropriately inducted and trained for their roles. Staff told us they undertook an induction when they started at the

service. The format was cross referenced to the nationally-recognised common induction standards. This included areas such as safeguarding, moving and handling and fire safety. All staff had attended training recently to refresh their skills and knowledge. A member of staff said “There’s lots of training” and commented it was good to keep up to date with changes to practice.

Staff communicated effectively about people’s needs. Daily notes were maintained to record observations about people’s health and welfare. We observed a verbal handover between staff on the morning and afternoon shifts. All relevant information about each person was discussed. We also heard staff communicated with each other throughout the day about people’s welfare and tasks which needed to be completed. This helped ensure people received the support they required.

We saw meal times were unrushed and gave people time to enjoy their food at their own pace. People could have their meals in the dining room, lounge or in their rooms. Care plans documented people’s needs in relation to eating and drinking. We saw the service worked in partnership with healthcare professionals to meet people’s nutritional needs and their guidance was followed. People’s weight was monitored where there was a risk of them becoming malnourished. This helped to identify if people were receiving sufficient nutrition to keep them healthy and well.

People were supported with their general healthcare needs. Care plans identified any support people needed to keep them healthy. Staff kept a record of healthcare appointments or visits and the outcome of these, so that there was a note of any treatment or advice given to them.

People were at risk of being looked after by staff who were not appropriately supported. Staff told us they felt supported. However, we found staff had not received regular supervision from their line managers. Records of supervision showed one care worker had last been supervised in July 2014. Another had only received supervision twice in 2014; the last occasion was September 2014.

The registered manager told us they aimed for supervision to take place every two months. They said they worked alongside staff all the time and observed their practice and talked with staff informally. However, the records we saw showed there were limited opportunities for staff to discuss

Is the service effective?

how they were working and their development needs in a structured, private meeting. There had not been any appraisals of staff performance since the provider took over the running of the service in 2013.

We recommend the provider takes into account good practice in relation to staff supervision and appraisals.

Is the service caring?

Our findings

We received positive feedback from people. A healthcare professional said staff were friendly and caring. One person we met described a member of staff as their “Guardian angel.” A relative said staff were “Very kind” to their family member.

People were treated with kindness, affection and compassion. We observed staff were concerned when someone felt unwell. We saw how pleased they were when the person improved. Staff smiled, laughed and took an interest when speaking with people. We heard one conversation, for example, where the care worker talked about the person’s family and what they were doing. The person enjoyed talking about their family and were laughing along with staff. This showed staff were knowledgeable about people’s histories and what was important to them.

People were treated with dignity and respect. We observed a care worker supporting another person. They were gentle and kind whilst they carried out the task and spoke with the person to make sure they were happy with the support. People who were being cared for in bed were appropriately covered to protect their dignity.

People made decisions about their day to day care. For example, where they had their meals and what they would like to eat. Some people chose to spend time in their rooms, where they felt most comfortable. This was respected by staff.

We observed staff engaged well with people. For example, one person asked where the toilet was. Staff answered them straight away and showed them where to go. We heard staff saying goodbye to someone who had stayed for a short break. They said how nice it had been to look after them and hoped they would come back to see them again.

People’s visitors were free to see them as they wished. We saw several visitors came to the service and were made welcome. Staff talked with them, offered them a drink and brought chairs for them. Everyone we spoke with told us they had visitors who were in regular contact with them. There was some information about local advocacy in a staff information file, but this was out of date. Advocates are people independent of the service who help people make decisions about their care and promote their rights. Although there was no current need, it would be useful if up to date information was available about local advocacy in case people’s situations changed in the future.

We saw examples of people’s independence being supported. One person managed their own medicines. This included ordering repeat prescriptions. They had been provided with their own medicines cabinet and held the key to it. We observed another person was supported to go into town with staff. They were also enabled to smoke and had been informed where they could go to do this safely and away from others.

Is the service responsive?

Our findings

People's health and social care needs were assessed before they moved in. This ensured the service could provide the support they required. Care plans were in place to document people's needs in relation to areas such as their mobility, dietary needs, medical history and daily routines. Care plans had been kept under review, to make sure they reflected people's current circumstances. This helped ensure staff provided appropriate support to people as their needs changed.

We received positive feedback from a healthcare professional about the way the home responded to changes in people's health and well-being. They said staff always contacted them if they were worried about people's healthcare needs. During our visit, we saw staff had concerns about one person and encouraged them to lie down on their bed. They contacted the GP to request a visit and monitored how the person was feeling until they were well enough to get up.

Another person had taken their socks off in the lounge. They were concerned when they learned holy communion was about to take place. They asked staff to help them put the socks back on so they could receive communion. This was attended to promptly.

One person told us they were unable to reach the call bell when they sat in their armchair. In response to this, they had been provided with a portable device which they could take with them wherever they were in the room. They could then press a button to call for assistance. This showed the service had taken their individual needs into account.

The service supported people to take part in social activities. People told us there were activities arranged for them. One person told us "There are activities most mornings during the week." We saw a manicurist visited the home, which people looked forward to. Holy communion took place each month. There were games available for people to use. Some people said they would like to go out more. The registered manager told us they would look into this now better weather was here.

There were procedures for making compliments and complaints about the service. There were no complaints in the log book and the registered manager confirmed there had not been any. People told us they would speak with their family or other visitors if they had concerns. Relatives who responded to a survey undertaken by the provider in 2014 did not always know how to make a complaint. Three out of seven people who had responded said they were aware of how to make a complaint, the other four were not sure. Relatives we spoke with said they thought they had been given information about making complaints.

Although there was some information about people's preferences in their care plans, we did not see evidence of them or their families contributing to the care plan. This meant that whilst staff were providing care based upon their observations of what people liked, their views had not always been sought and taken into account.

We recommend the provider follows good practice in relation to involving people or their relatives, where appropriate, with care planning.

Is the service well-led?

Our findings

There was a lack of effective quality assurance and auditing processes. The provider told us there were no formal auditing tools in use as they visited the service three days a week. Our findings show they had not effectively monitored the quality of care which people received, as there were several areas where improvements were required. This meant people were at risk of receiving inappropriate or unsafe care.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had sent out surveys to relatives and people who used the service, most recently in September 2014. These provided opportunity for people to comment on their experiences of care. Most people had said they were happy with the overall care provided.

People were placed at risk because of the standard of record keeping. We looked at a sample of policies and procedures, including those on management of medicines and safeguarding people from abuse. The medicines procedure had not been updated to reflect current practice at the home. The procedures for safeguarding people referred to informing the previous regulator of the service in the event of any incidents occurring. This may have caused delay in informing us about safeguarding concerns. We also came across three versions of the complaints procedure in use, each with different information about who regulated the service. This meant staff could not be certain they had up to date guidance available.

We found some risk assessments needed to be reviewed and the full range of recruitment checks had not been carried out. The provider had only copied the signature page of the staff terms and conditions contract onto personnel files. Information about when staff had started work and their role was therefore unavailable. This meant the provider had not maintained appropriate records.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information about healthcare appointments and visits was noted in the daily records, which made it difficult to track when visits had taken place. The provider had produced formats to record this information separately, to improve practice. These were not in use yet.

The service had a registered manager. They had kept their training and professional qualification in nursing up to date. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us of reportable incidents as required under the Health and Social Care Act 2008.

The registered manager took prompt action to make improvements to maintenance issues when we pointed them out. For example, a workman was present on the second day of our visit, to look at replacing worktops and cupboard doors in the kitchen, and to secure the loose radiator cover.

Staff told us they could go to the deputy manager and registered manager if they needed help or advice. One care worker said "They're always around – you can always go to them." There were on call arrangements so that senior staff could be contacted out of hours. This ensured staff could contact managers in emergencies.

The service's aims and objectives were available on its website. These included treating people with dignity, respect and consideration. We saw examples of this during our visit, such as helping someone look for their mobile telephone which they had mislaid and how they respond to someone who was unwell. Staff were patient and kind when speaking with people and the atmosphere in the service was calm.

We found there were good communication systems at the service. This helped ensure important information was passed to each shift to meet people's needs. Staff told us they had been made aware of whistleblowing as part of their induction. They said they knew how to contact us if they needed to, in the event of any concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>This corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of the planning and delivery of care and, where appropriate, treatment in such a way as to ensure the welfare and safety of the service user.</p> <p>There were hazards around the premises which had not been identified and could cause injury to people.</p> <p>Regulation 9 (1)(b)(ii).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>This corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person must operate effective recruitment procedures in order to ensure that no person is employed for the purposes of carrying on a regulated activity unless that person is of good character, has the qualifications, skills and experience which are necessary for the work to be performed and is physically and mentally fit for that work.</p> <p>The registered person had not ensured all required recruitment checks had been obtained for each member of staff.</p> <p>Regulation 21 (a).</p>

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

This corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person had not ensured that service users, persons employed for the purpose of the carrying on of the regulated activity and others who may be at risk of exposure to a healthcare associated infection arising from the carrying on of the regulated activity, are protected against identifiable risks of acquiring such an infection by the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a healthcare associated infection, and the maintenance of appropriate standards of cleanliness and hygiene in relation to premises occupied for the purposes of carrying on the regulated activity.

The kitchen had not been maintained to an appropriate standard so that it could be kept in a hygienic condition, out of date food was being used and food in opened packaging had not been covered. Bars of soap were placed in two shared bathrooms and a pot of skin cream was in one shared toilet, which could encourage people to use them and spread infection.

Regulation 12 (1)(2)(a)(c)(1).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

This corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In relation to the care and treatment provided for the service user, the registered person must have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users, or the consent of another person who is able lawfully to

This section is primarily information for the provider

Action we have told the provider to take

consent to care and treatment on that service user's behalf; or where this does not apply, establishing, and acting in accordance with, the best interests of the service user.

There was no record of a best interests meeting between relevant persons to agree a decision to use bedrails.

Regulation 18(1).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

This corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in the Regulations; and identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.

There was a lack of effective quality assurance and auditing to ensure people received safe care that met their needs. Risks to people's health and well-being had not been identified and acted upon to improve the service.

Regulation 10 (1).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

This section is primarily information for the provider

Action we have told the provider to take

This corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user; and such other records as are appropriate in relation to persons employed for the purposes of carrying on the regulated activity, and the management of the regulated activity.

Records had not been maintained to an appropriate standard to ensure people's health, safety and well-being were protected. Guidance for staff was out of date and did not take into account current good practice advice.

Regulation 20(1).