

Mr Ashleigh Smith and Ms Serena Kirsty Williams

Ash-leigh House

Inspection report

2 Belgrave Crescent
Eccles
Salford
M30 9AE
Tel: 0161 789 3547

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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?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Ash-leigh House is a residential care home that provides care, support and accommodation for people who are living with a mental health illness. The home accepts placements for both male and female residents, with the majority of people living there on a permanent basis. Onsite facilities include a kitchen area, laundry room and communal area, with adequate car parking facilities at the front of the building and in nearby side streets. The home is situated in the Eccles area of Salford, Greater Manchester.

We carried out an unannounced inspection of Ash-leigh House on 17 November 2015. At the previous inspection in 2013, we found the service was meeting each of the standards assessed.

During this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Safe Care and Treatment (two parts) and Good Governance.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The people living at the home told us that they felt safe living at Ashleigh House, as a result of the care and support they received.

We looked at how risk was managed within the home. We found that risk assessments were not always reviewed at regular intervals, with some not having been reviewed for well over 12 months. We also found that some risk assessments had not been put in place by staff, where risks had been identified in people's care plans. The manager started to implement these during the inspection. This was a breach of regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Safe Care and Treatment.

We found that the home was not consistently clean and tidy, with several instances of uncleanliness around the building. This included dirty staircases, window sills, walls and carpets. We also found that some of the toilets and bathrooms were not equipped with adequate hand washing facilities such as paper towels and hand hygiene guidance. This was a breach of regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Safe Care and Treatment.

We saw that generally, medication was given to people safely, however we found that there were no PRN (as needed) protocols in place to advise staff on when these medicines should be given. The manager said these would be implemented immediately following our inspection. There were also no photographs of people on Medication Administration Records (MAR), to help identify people and ensure staff gave medication to the correct person. The manager said they had recently ordered a new camera, so that these pictures could be taken and attached to the records.

People were protected against some of the risks of abuse because the home had appropriate recruitment procedures in place. This included ensuring that Disclosure Barring Service (DBS) checks were undertaken and that references were sought from previous employers prior to commencing in employment.

We found that there were sufficient staff available on the day of the inspection, to look after and support people who lived at the home.

Staff told us they had enough training available to them, to support them in their role. However, we saw no evidence to confirm that staff had received appropriate training, specific to Mental Health services such as mental health awareness, dealing with challenging behaviour and breakaway techniques. We also saw no evidence of any recent training in relation to infection control.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need and must be in their best interests and as least restrictive as possible.

The people living at the home said they received enough to eat and drink. Some of the people said they went to local shops with staff to choose different food options.

People told us they felt staff were caring and got on with them well. We observed friendly conversations taking place between staff and people who lived at the home.

During the inspection, we observed several instances where people were not treated with dignity and respect. One person spent the whole day walking around with bleach stains on their trousers, with staff not offering them a change of clothing. Staff also openly discussed a person's illness in the kitchen area, where other people living at the home were present. This person also walked into kitchen area, displaying their underwear, with staff not attempting to cover this person up in a timely manner.

Each person had their own support plan which was updated each month by staff. However, we found that not all support plans contained sufficient information about how to support them with their medication or detailing how to ensure people maintained a good nutritional intake. We observed two people that were unable to verbally communicate effectively, did not have appropriate communication care plans in place. The manager told us that people were involved in the reviews of their care plans and ongoing support, however this was not clearly documented in the records to reflect this.

Summary of findings

There was a complaints procedure in place. The manager said that no formal complaints had been received. The people we spoke with said they hadn't needed to complain, but would feel comfortable speaking with staff if they did.

We found that there were limited systems in place to monitor the quality of service provided to people at the home. The manager told us that there was no formal auditing process used which would cover areas such as risk assessments, care plans, the environment, staff

training, medication and infection control. These had been areas where we had found concerns during the inspection. Additionally, the manager said that there was no documentary evidence of staff competency checks, to ensure they were able to undertake their role to the required standard, particularly in areas such as medication. This is a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Good Governance.

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?

Not all aspects of the service were safe. We found appropriate risk assessments were not in place for people living at the home. Risk assessments that were in place, were not reviewed at regular intervals.

We found that the home wasn't clean on the day of the inspection, with several instances of uncleanliness throughout the building.

People's medication was generally handled safely, although there were no PRN (when required) protocols or photographs of each person in their care plans.

Requires improvement



Is the service effective?

Not all aspects of the service were effective. We found gaps in staff training in areas such as mental health awareness, challenging behaviour, breakaway techniques and infection control.

People told us that they received enough to eat and drink.

People who lived at the home said staff always asked them for their consent. Staff were also able to describe how they sought consent before assisting or supporting people who lived at the home.

Requires improvement



Is the service caring?

Not all aspects of the service were caring. We saw several instances where people were not treated with dignity and respect by staff.

People said they were happy living at the home and that staff were caring.

People said that staff allowed them to be as independent as possible and to do things for themselves.

Requires improvement



Is the service responsive?

Not all aspects of the service were responsive. Not all people who lived at the home had appropriate care plans in place with regards to supporting them with their medication, communication and nutritional intake.

The manager said that people were involved in the reviews of their care plans but we saw no documentary evidence to support this.

There was a complaints procedure in place. People living at the home said they would feel comfortable speaking with staff if they had concerns.

Requires improvement



Summary of findings

Is the service well-led?

Not all aspects of the service were well-led. The manager told us there was no formal auditing process undertaken at the home, to ensure that the quality of service was monitored effectively. Additionally, there were no documented checks to ensure staff were competent to undertake their work, in areas such as medication.

The staff we spoke with felt the home was well managed and were supported to undertake their work.

We saw the home had developed several good links within the local community.

Requires improvement



Ash-leigh House

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 17 November 2015 and was unannounced. This meant the provider did not know we would be visiting. The inspection was carried out by one adult social care inspector from the Care Quality Commission.

Before the inspection we reviewed any information we held about the service. This included any notifications we had received such as safeguarding concerns, whistleblowing information, deaths or serious injuries. By viewing this information, it gave us an insight into areas we may like to focus on during the inspection.

At the time of the inspection there were 10 people living at Ash-leigh House. During the inspection we spoke with four people who lived at the home, two members of staff and the registered manager. We also looked at six care plans, three staff personnel files, five medication administration records (MAR) and staff training records. We also looked at other documentation including policies and procedures and feedback surveys which had been sent to people who lived at the home.

Is the service safe?

Our findings

During the inspection we spoke with four people who lived at the home who told us they felt safe as a result of the support they received from staff. One person said to us; “I do feel safe. It’s secure and there is nothing here to cause me any harm”. Another person told us; “It’s definitely a safe place and I always get my medication which helps”. A third person also added; “It’s safe I would say”.

We looked at how risk was managed within the home and looked at six people’s care plans. We found that risk assessments were not always reviewed at regular intervals, with some not having been reviewed for well over 12 months. The manager said that they were aware of any changes but had not accurately documented them. We also found that some risk assessments had not been put in place by staff, where risks had been identified in people’s care plans. For example, one person’s care plan stated that they had previously been aggressive towards family members and had been involved in an assault. Two other people had been identified as having diabetes, whilst another person had been identified as being at risk of infection, due to refusing support with certain aspects of their personal hygiene. We found that there were no risk assessments in place to demonstrate staff had considered these as risks and had implemented appropriate control measures to help keep these people safe. We raised these concerns with the manager, who started to implement these during the inspection. This was a breach of regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Safe Care and Treatment.

We undertook a tour of the building and found that it was not consistently clean and tidy, with several instances of uncleanliness around the building. The main staircase leading from the ground, to the second floor of the home was dirty, with dust and grime in between the bannisters of the staircase. On the landing, at the top of the staircase, there was spilled, dried porridge, which had been dropped and not cleaned up by a member of staff. We also checked in people’s bedrooms and found dirty window sills and carpets. A wall outside one of the bedrooms also had a brown stain on it, which looked like it had been there for some time. One person’s bedsheet also had faeces on it; however this was immediately removed by the manager.

We also checked toilet and bathroom areas and found that they were not allequipped with paper towels or appropriate hand hygiene guidance to ensure staff washed their hands correctly to reduce the spread of infection. One of the bathrooms contained a hand towel which meant that multiple people could have used it once they had washed their hands, increasing the risk of infection. During the inspection the manager immediately ordered a replenishment of paper towels and hand hygiene guidance for each bathroom. We raised our concerns about the cleanliness of the home with the manager who told us that they did not employ a cleaner and that cleaning duties were expected to be undertaken by support staff. They also told us that they didn’t do regular checks of the home to ensure it was clean. This was a breach of regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Safe Care and Treatment.

We looked at how the service managed people’s medicines and found that in general, the arrangements were safe. The home used the bio-dose system which clearly identifies the time of day medication should be given as well as the required dosage. We saw that medicines were stored in a locked cupboard in the dining room with only the registered manager and staff on duty having access. During the inspection we saw people presenting at the office in order for staff to give them their medication. One person said to us; “My medication is closely monitored morning and night. I would say I definitely get it when I need it”. Another person said; “I get my medication for the duration that I am required to take it”.

We found that when people received their medication, records were maintained on the relevant MAR sheets by staff. Some people who lived at the home required PRN (as required) medication, however we found that relevant protocols were not in place which would provide guidance to staff about when this medication should be given and under what circumstances. The manager said they would introduce these following our inspection. There were also no photographs on MAR sheets, of people who lived at the home. This would help reduce confusion and ensure medicines were given to the correct person. The manager said they had recently ordered a new camera, so that photographs would be taken.

We discussed safeguarding procedures with each of the staff that we spoke with. Safeguarding procedures are

Is the service safe?

designed to protect vulnerable adults from abuse and the risk of abuse. All staff spoken with told us they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. One member of staff said; “I’ve not had to report any safeguarding incidents since I have worked here. I would be looking for any unexplained bruising or if people were acting differently compared to how they usually are”. Another member of staff said; “I think if any abuse had taken place, I would look for people potentially isolating themselves, becoming depressed or neglecting themselves, particularly in areas of their personal hygiene”.

People were protected against the risks of abuse because the home had appropriate recruitment procedures in place. Appropriate checks were carried out before staff began work at the home to ensure they were suitable to work with vulnerable adults. During the inspection we looked at three staff personnel files. Each file contained job

application forms, interview notes, a minimum of two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken before commencing in employment.

We looked at how the service ensured there were sufficient numbers of staff to meet people’s needs and keep them safe. During the inspection the staff team consisted of one support worker, the registered manager and also the deputy manager. The manager and deputy were both included in the staffing numbers for the day. This was to provide care and support to 10 people. Both people who lived at the home and the staff we spoke with told us they had no concerns over the current staffing levels at the home. One member of staff said; “Many of the people have lived here for many years and are quite independent. I would say staffing levels are sufficient”. Another member of staff said; “Oh yes there are definitely enough. I never feel pushed or rushed with work”. One person who lived at the home also said to us; “There are enough staff. They seem to cope with emergencies or appointments well”.

Is the service effective?

Our findings

We looked at the training, development and support staff received in order for them to undertake their roles effectively. We saw that staff had completed training in courses such as medication, safeguarding, fire safety, diabetes, first aid and moving and handling. Many of these courses were due for renewal according to the homes training records. We also saw no evidence that staff had received appropriate training, specific to Mental Health services such as mental health awareness, dealing with challenging behaviour and breakaway techniques. We also saw no evidence of any recent training in relation to infection control. We raised this concern with the manager who told us they were going to source a training provider with the intention to book staff onto these courses. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Staffing.

We spoke with staff about the support they received. One member of staff said; “I definitely feel well supported in my role. We are all good friends and we often see each other outside of work as well”. Another member of staff said; “Yes I would say so. I feel I can approach my manager with anything”. A third member of staff said; “Oh yes, I feel supported. You can always ask about things. They are very good”.

Staff told us they received regular supervision, which was done each month and we saw records to support this. This would help identify any shortfalls in staff practice and identify the need for any additional training and support in a timely manner. We saw that the supervision provided a focus on areas such as staff member discussion, current performance, current duties, responsibilities and training requirements. One member of staff said; “They are quite on the ball making sure they take place. They are usually every month”.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people

make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At the time of the inspection, there was nobody living at Ash-leigh House who was subject to a DoLS. We also found staff had not received any recent training in this area, which the manager told us they would look to schedule.

People who lived at the home told us that staff asked for their consent before staff supported them or delivered care. One person we spoke with said; “I have lived here a while and I think once the staff get to know you, the staff know what things they need to ask permission with”. Another person said; “Yes they do. They abide and always ask me first”.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People, who needed to, were given support by staff to prepare their own meals. Staff prepared an evening meal at the home with both breakfast and lunch being flexible for people in terms of what they ate. During the inspection we saw people entering the kitchen and making themselves different foods of their choice. Several people who lived at the home had been identified as being overweight and we saw there was guidance in their care plan about how staff should try and offer them healthier food choices such as fresh fruit and vegetables. One person said to us; “The food is alright I would say. I like to be able to make food myself. There are different choices and alternatives”. Another person said; “It’s not too bad at all. We get nice hot food during the winter and a roast dinner on a Sunday”. A third person also added; “Some is nice but some I don’t like. I get an alternative though”.

We saw that people had access to relevant health professionals as required. We saw from looking at people’s care plans that people visited health services such as doctors, dentists, opticians and podiatrists. One person said; “If I am ever ill then they go with me to my appointments. Other than that I like to try and go on my own”.

Is the service caring?

Our findings

During the inspection we spoke with four people who lived at the home. They told us they were happy and spoke positively about the care and support they received. One person told us; “I have lived here for about eight years now and I’m sure I wouldn’t have stayed here this long if I didn’t like it”. Another person said; “It’s quite laid back here. The staff are fair with everything I do and I feel very at home living here”. A third person also added; “I do like living here, but I miss my friends. The staff try and encourage me to do things I used to do; like going to church”.

The people we spoke with said they liked staff, who they got on with well. Both staff and people who lived at the home had worked and lived there for many years. This ensured continuity of care was provided. One person said; “The staff are alright I would say. I have a key worker who I like to speak with. I would consider them as a friend”. Another person said; “The staff seem to treat me very well. I would say that they have a good manner in how they approach you”. Another person told us; “I think of the staff as friends I would say. They treat me as I would like”.

During the inspection we spoke with staff about how they ensured people were treated with dignity and respect.. One member of staff said; “I think it’s important to treat and speak to people in the same way that I would like to be treated. I assist one person with personal care and I allow her to take her things into the bathroom first and then wait until they are ready before I go in”. Another member of staff said; “We don’t just walk into bedrooms, we ask first. I wouldn’t discuss certain things in front of other people. We give people choice as well”.

During the inspection, we saw there were several instances where people were not treated with dignity and respect by staff. One person spent the whole day walking around with

bleach stains on their trousers, with no staff offering them a change of clothing. The manager said this person chose to wear this particular pair of trousers, although this was not recorded in their care plan that this was what they wanted to do. When we first arrived at the home we saw that staff openly discussed a person’s illness in the kitchen area, where other people living at the home were present. This same person also walked into kitchen area, displaying their underwear, with staff not attempting to cover this person up in a timely manner. The manager again said that this was something that this person did often , however this was not recorded in this persons care plan in order to make staff aware of this, or guidance on how to try and discourage this. These incidents did not show respect for these people or promote the maintenance of their dignity. This meant there had been a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Dignity and Respect.

During the inspection we also spoke with both staff and people who lived at the home about how independence was promoted. One person said to us; “I go to the library on my own and I also go out on my own. That is important to me”. Another person said; “They certainly try to. I’m able to go out shopping, do my washing and attend to my own hygiene. Staff let you get on with it”. When we asked a member of staff about how they promoted independence we were told; “I try and get people involved in jobs around the home. Even if it is just dusting or cleaning their rooms it gives them something to have a go at”.

There was an advocacy service and a corporate appointee available to people if they wanted it. This service could be used when people wanted support and advice from someone other than staff, friends or family members. Corporate appointeeship enabled somebody externally to monitor their finances on their behalf if they did not have a good understanding of their money and what to do with it.

Is the service responsive?

Our findings

Before a person moved into the home, a detailed assessment of their needs was undertaken and the service gathered information from a variety of sources such as social workers, health professionals, and family and also from the individual. The majority of the people who currently lived at the home had been living there for many years, so their assessments were not current. People were able to visit the home and spend time with staff and other people who used the service before making any decision to move in.

We looked at the care plans which people had in order to ensure that staff had sufficient information available to them, about how best to support people. We looked at six care plans of people who lived at the home. The care plans covered personal hygiene/self-care, personal finances, mental health, accessing the community and hobbies and interests. We found that care plans were updated each month by staff. Some care plans provided guidance about nutrition and medication, however this was not consistent in each care plan we looked at. We also observed two people during the day, who struggled to communicate verbally and found they did not have appropriate care plans in place about how best to communicate with them. This meant that staff would not have access to relevant information about how best to support people. The manager said they would implement these immediately following the inspection.

We looked at the most recent surveys which were sent to people who lived at the home, with many positive comments being made about the home. We saw that people were asked about comfort, quality of care, staff, cleanliness, food, decoration, response to complaints, activities and overall impressions. The survey was last sent in April 2014. The manager said they would look to update this in order to establish if people were still happy with the service being provided to them.

There was a complaints policy and procedure available. The manager said that there had been no formal complaints made about the service. The procedure was

displayed on the main notice board within the home. The people we spoke with said they hadn't needed to complain, but felt confident it would be dealt with appropriately. One person said to us; "I would speak with the manager and I have every confidence it would be dealt with appropriately". Another person told us; "I've never had to make one because I am happy with everything". A third person added; "Never. I like living at Ash-leigh".

We saw that people's religious needs to be catered for and respected. People were also supported to maintain relationships whilst living at the home. Several people ate a halal diet and we saw that they had their own separate space in the fridge freezer in which to store their meat and various other produce. There were also other various chopping boards and kitchen utensils to enable them to prepare their food. Two of the people living at the home were married, although had chosen not to share a bedroom. Staff said they were supported to spend as much time together as they wanted.

On the day of the inspection, we didn't see any activities taking place. The manager said that people weren't interested in doing activities as groups and often preferred to do things individually or out in the community. During the inspection we saw people watching television together, with several other people going out to the local shops in nearby Eccles town centre. Several people had attended local arts and crafts sessions and another person told us they enjoyed going out to the library. Staff had also held various 'Themed' nights. These included meals at local restaurants of different cultures such as Italian, Indian and Chinese.

At the time of our inspection, we were told that nobody was in employment or accessing any type of learning or further education. The manager told us that this would be facilitated if people showed an interest, but at present, this wasn't what people wanted to do.

The manager told us that residents meetings took place, however at the time of the inspection, the minutes were saved on a computer which had been sent off for repair. We asked for these to be sent to us following our inspection, but these still haven't been received.

Is the service well-led?

Our findings

There was a registered manager in post. 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.

Both staff and people who lived at the home spoke positively about the management of the service. One member of staff said to us; "I think the management is good. Both the manager and the owner are approachable. They make sure that the residents come first and always try to get any problems sorted straight away". Another member of staff said; "They are alright. It's fine I would say. They are always available to discuss things and are there for the residents". One person living at the home said; "It seems to be managed very well. They seem to know what they are doing". Another person added; "The manager is nice. She lets me get out when I like".

From our discussions and observations we found the manager had a good knowledge of the people who used the service and of the staff team. We saw people appeared to be relaxed with the management team and it was clear they got on well together. We saw that people were able to sit down with staff in the kitchen area and engage in conversations throughout the day. We heard staff asking about how people's day was and we heard laughter at regular intervals between staff and people who lived at the home.

We found that there were limited systems in place to monitor the quality of service provided to people at the home. The manager told us that there was no formal auditing process used which would cover areas such as care plans, risk assessments, the environment, staff training, medication and infection control. These had been areas where we had identified concerns during our inspection. Additionally, the manager said that there was

no documentary evidence of staff competency checks, to ensure they were able to undertake their role to the required standard, in areas such as medication. This is a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Good Governance.

Staff members spoken with told us communication throughout the team, including with the manager was good and that they felt supported to raise any concerns or discuss people's care at any time. The staff told us they had a stable team with few changes, meaning continuity of care for people who lived at the home. All staff were made aware of their roles and responsibilities and received regular feedback on their work performance through regular supervision. This ensured that management would be aware of any shortfalls in staff performance and could offer advice where necessary.

We saw that the service had different policies and procedures in place. These covered areas such as recruitment, equality and diversity, health and safety, whistleblowing, infection control and safeguarding. We found that some of these were last reviewed in 2012, with no evidence they had been checked since this date. This meant staff would not have access to up to date guidance if they needed to seek advice around a particular area. The manager said they would update these immediately following our inspection.

The manager told us that staff meetings took place, however at the time of the inspection, the minutes were saved on a computer which had been sent off for repair. We asked for these to be sent to us following our inspection but they have still not been received.

We saw that the home worked closely with other organisations as part of people's on-going care and support. This included podiatrists, diabetic nurses and the incontinence service. This demonstrated good partnership working in order for people to receive and improved quality of life as a result.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Appropriate systems were not in place with regards to assessing the risks to the health and safety of service users of receiving care or treatment

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Appropriate systems were not in place with regards to assessing the risk of, and preventing, detecting and controlling the spread of, infections

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Appropriate systems were not in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

People who used the service were not always treated with dignity and respect.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Action we have told the provider to take

Not all staff had received sufficient training to support the in their roles.