

Michael McDonagh

The Chestnuts

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Inadequate



Overall summary

This inspection took place on 17, 28 and 30 September 2015 and was unannounced. At our last inspection in July 2013 the provider met the regulations we inspected.

The Chestnuts is registered to provide accommodation and personal care for up to five people with learning disabilities. There were four men using the service at the time of our inspection.

At the time of our inspection there was no registered manager and the previous registered manager had left over 12 months ago. Under the Health and Social Care Act 2008, the provider of this service is subject to a

registered manager condition under Regulation 5 of the Care Quality Commission (Registration) Regulations 2009. Prior to our inspection we informed the registered provider that a failure to comply with a condition of registration may result in prosecution. When we inspected, a manager had been appointed and been in post for two months. They had made a recent application to register. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

Staff were knowledgeable about the risks of abuse and procedures for reporting any concerns. However incidents and accidents were not always reviewed or investigated and those which were reportable to CQC had not been shared. We were therefore not assured that important events which affect individuals' health, safety and welfare were being appropriately reported to us.

The service did not follow consistent safe practice for the recording and safe administration of people's medicines. People were not living in a clean environment and parts of the premises were in need of redecoration or repair.

There were adequate numbers of staff who had been safely recruited. Although staff were familiar with people's needs, they had not received regular training to keep their knowledge and practice up to date. We were also not assured that staff had the skills and expertise to support the specialist needs of the people using the service.

The arrangements to monitor service provision were limited and failed to identify shortfalls and ensure that people are well cared for and safe. The provider's systems were not used effectively to keep checks on standards, develop the service and make improvements.

People using this service experienced responsive care and support that was person centred and appropriate to their needs. For some however, care plans did not always

record all the information staff needed to care and support people effectively. We also found that records related to staff and the management of the service were not up to date or consistently maintained.

Staff respected people's privacy and treated individuals with kindness and patience. Staff made sure people's dignity was upheld and their rights protected. Staff understood their responsibilities where people lacked capacity to consent or make decisions. This was because they had received training on the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Appropriate DoLS applications had been made where required.

People were supported to maintain good health and had access to healthcare services when they needed them. The service had made timely referrals for health and social care support when they identified concerns in people's wellbeing. People were encouraged and supported to eat a nutritional diet that met their needs and recognised their choices.

People were able to take part in activities of their choice and were supported to maintain relationships with family and friends who were important to them.

We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to managing risk for people using the service, the training provided to staff, the systems for monitoring the quality of service provision, notification of reportable events and record keeping. 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?

Some aspects of the service were not safe.

Effective systems were not in place to monitor and reduce the risk of infection control. Parts of the premises were not sufficiently maintained or cleaned to ensure the comfort, safety and wellbeing of people using the service.

The provider did not have appropriate arrangements in place to manage all aspects of medicines safely.

People told us that they felt safe and staff knew about their responsibility to protect people from harm and abuse. They were aware of any risks and what they needed to do to make sure people were safe.

Staffing levels were safe for the number of people in the home and the provider carried out appropriate recruitment checks to make sure staff were suitable for the role.

Requires improvement



Is the service effective?

Some aspects of the service were not effective.

People were supported by staff that had not received appropriate levels of training to carry out their role and provide effective care. Staff had not undertaken specific training to meet the assessed needs of the people who used the service.

Staff understood the importance of gaining consent to care and giving people choice. The provider acted in accordance with the Mental Capacity Act 2005 Code of Practice to help protect people's rights.

People had a choice about what they wanted to eat and drink. Their individual dietary needs and preferences were known and respected and they were protected from the risks of poor nutrition and dehydration.

People received the support and care they needed to maintain their health and wellbeing and had access to health care professionals when required.

Requires improvement



Is the service caring?

The service was caring. People's privacy and dignity were respected.

Staff treated people with kindness and people felt staff were caring.

Staff knew people's background, interests and personal preferences well. They understood the way people communicated and this helped them to understand people's individual needs.

People were supported to maintain relationships with those that were important to them.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People using the service had personalised support plans, which were current and outlined their agreed care and support arrangements. The service was responsive to people's changing needs or circumstances and care records were updated as necessary.

Arrangements were in place for dealing with complaints and responding to people's comments and feedback. People told us staff listened to any concerns they raised.

People were involved in activities they liked, both in the home and in the community.

Good



Is the service well-led?

The service was not well-led.

People did not benefit from a well-run service as there had been no registered manager for over 12 months. A new manager had joined and begun the application process to register.

The provider did not have effective systems in place to monitor the quality of the service or to guide improvement.

People's care and monitoring records were not consistently maintained to accurately reflect the care and support provided to people. Other records for staff and the running of the service were similarly not well managed.

Inadequate



The Chestnuts

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. Prior to our visit we also reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, information from the local authority and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also reviewed previous inspection reports.

This inspection took place on 17, 28 and 30 September 2015. The first visit was unannounced and the inspection was carried out by one inspector. We spoke with one person who used the service, the manager and three members of staff. Not all people were able to communicate verbally with us so we spent time observing their care and interactions with staff. We reviewed records about people's care, including three files of people who used the service.

We checked four staff files and the records kept for staff allocation, training and supervision. We looked around the premises, external grounds, all of the bedrooms and checked how the premises were cleaned and maintained. We checked records for the management of the service including health and safety records. We reviewed how the provider managed complaints and checked the quality of their service. We also checked how medicines were managed and the records relating to this.

Following our inspection the manager sent us some information about staff training.

Is the service safe?

Our findings

Accidents and incidents were recorded although the detail within the reports varied and did not always provide relevant information about actions taken. For example, staff recorded when an incident or injury had occurred, and handed a copy of the report to the team leader or manager. When we reviewed these records, we were not always able to see where an investigation had taken place or where a review of a person's care had occurred as a result. Not all the reports had been reviewed by the manager or provider during the time there was no manager in place. This would have identified any triggers, patterns or trends so people's risk assessments and the care provided to them could be amended and reviewed accordingly.

People were not always protected against the risks associated with medicines because the provider had insufficient arrangements in place for the recording and disposal of medicines. All medicines were stored securely in a locked cabinet. We looked at a selection of Medicine Administration Records (MARs). We checked how medicines were received into the home, the administration and what was returned to the pharmacist for disposal. We found that not all prescribed medicines were recorded or accounted for. The quantity of medicine held in the box did not correspond with the quantity received for two people. Monthly stock audits carried out by staff showed they had incorrectly calculated the number of remaining tablets. In one instance, staff had added tablets from one box to another and the amount held did not tally with the quantity supplied by the pharmacist.

We saw that the prescription label was missing on a box of tablets and a skin cream prescribed for one person. Information about this medicine and the prescribed dose was not recorded on the person's corresponding MAR chart. The manager told us that the two medicines had been discontinued and needed to be returned. There was a disposal book for staff to record medicines for disposal but this was not up to date.

Protocols for as required medicines were in place to guide staff when these might be needed. An 'as required' medicine protocol describes the circumstances when a person can take a certain medicine so that it can be administered safely and consistently. There were inaccuracies with the protocols however and we were not assured that people received these medicines as

prescribed. One protocol included, "call 999 and explain what you have administered" but there was no reference to the name or type of medicine. Another person's protocol was not dated and gave limited details about why and when the medicine should be administered. On a MAR we noted that staff had twice signed administration for an as required medicine for a person but there was no information about the reasons for prescription or why it was given.

These failures occurred despite the manager and staff having received appropriate training in the safe handling of medicines and being able to describe clearly what their roles and responsibilities were in relation to medicines.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also recommend that the service refers to current best practice as outlined in the NICE Guidance on Managing Medicines in Care Homes.

During our visit we viewed all communal areas in addition to all bedrooms. We found that areas in the home were in need of redecoration and refurbishment and some parts of the premises were unsafe.

People were not provided with a well maintained environment because areas of the home required repair and refurbishment. We observed that four of the five bedrooms were in need of redecoration. Wallpaper and paintwork was chipped or damaged in two bedrooms and the hand basins were marked with limescale. One person told us their room had not been decorated for some time. The hallway and stair carpets were worn and in need of replacement. In the lounge fabric on one of the sofas was torn. A radiator cover in the ground floor toilet had rusted and the wall tiles were cracked. Living areas were cluttered for people because a number of boxes and carrier bags were being stored in the lounge and dining area. There was no maintenance plan to show how the premises were being kept in a good state of repair and where there were planned improvements. Staff used a book for repairs but this had not been completed since 2010.

In the rear garden, we found that many paving stones were loose and presented a trip hazard. Two people using the service had mobility needs. In one person's risk assessment dated 9 June 2015 it was recorded "unstable on feet, mobility getting worse." The other person's medical

Is the service safe?

condition confirmed that they were prone to falls. One of the patio door glass panels was damaged and staff reported that this had been the case for many months. A supermarket shopping trolley and broken bicycle were also discarded in the garden.

Parts of the premises had not been cleaned sufficiently. Areas of the home looked dusty and unhoovered. There were some records of cleaning tasks completed daily but we were unable to evidence that all areas of the home were routinely cleaned. These records were not comprehensive and did not include checks on people's bedrooms. In the bathroom facilities, there were no paper towels for people or staff to use when supporting individuals with their personal care. The toilet roll holder and paper was missing in the first floor single toilet. Without appropriate hygiene facilities we were not assured that people using the service and staff were adequately protected from the risk of cross infection. Records also showed that staff were not up to date with infection control training. Following our visit we also shared our concerns with the local authority. They informed us they planned to visit the home and undertake an infection control audit.

The above issues were a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who were able to comment said they felt safe. Staff understood their responsibilities in keeping people safe from harm and knew who to contact if they had concerns. One member of staff explained that people's body language and behaviour would tell them if there was something wrong. Policies about safeguarding people from abuse and whistleblowing provided staff with clear guidance on how to report and manage suspected abuse or raise concerns about poor practice. There were contact numbers displayed in the home that staff, people who used the service or visitors could use to report any concerns regarding abuse. Staff had completed training on safeguarding although the manager acknowledged that this had not been updated for some time which meant they may not be aware of latest best practice. Following our inspection the manager confirmed they had contacted the local authority to arrange refresher training.

Risks to people's health and welfare had been assessed and individual assessments were descriptive of the care they needed to lessen the risk of harm. Some examples of these included mobility and falls, going out in the local

community, and supporting people who may behave in a way that presented risks to themselves or others. Staff were knowledgeable about the people they supported and specifically how to support people with behaviour which might challenge others. Information regarding signs of anxiety was recorded in people's individual care plans. This gave staff guidance as to what signs might indicate when someone was becoming agitated or upset.

There was appropriate documentation for servicing and routine maintenance in the premises. This included records of maintenance contracts concerning utilities such as gas and electrical safety. Fire alarms and equipment were tested to ensure they were in working order. Fire evacuation drills were held regularly involving both people using the service and staff. We noted that people did not have personal emergency evacuation plans (PEEPs). We asked the manager to develop these as they provide details about the help individuals would need to safely leave the building in the event of a fire.

Staff employed at the Chestnuts had consistently worked there for a number of years and the most recent recruitment took place over 12 months ago. The staff records we checked showed the provider had followed safe recruitment practices and helped ensure that people were protected from unsafe care. Information held confirmed that the required pre-employment checks had been undertaken prior to staff working in the service. These included employment references and criminal records checks to ensure staff were of good character and suitable for the role.

There were enough staff to meet people's needs at the time of our inspection. Should the number of people using the service increase, the manager acknowledged that staffing levels would need to be reviewed. There were two care staff on duty throughout the day with one staff available at night on a sleep in. Staffing rotas confirmed that these staffing levels were maintained. Where individual needs directed, staff provided one to one support for people either at home or out in the community. For example staff were allocated to support one person who required a stay in hospital. The manager was registered as a provider for a second organisation and told us they worked in the home three days a week. Staff confirmed the manager was available at other times to provide support if required such as if there was an emergency during the night.

Is the service effective?

Our findings

Although there was a stable staff team who knew people well, we were not assured that all staff had the necessary skills and competencies to meet people's needs and carry out their role. Staff files contained certificates to show what training had been completed and when. We found that staff were not up-to-date in a number of core areas of practice and there had been no refresher courses for over two years. These included moving and handling, infection control, safeguarding adults, fire safety, food hygiene and first aid. The lack of regular training meant that staff were not up to date with the most current practice and legislation.

We asked about specialist training, as the home provided a service for people with specific medical conditions and behaviours that may challenge the services they required. We found no evidence that the staff had completed relevant training to support these needs.

The manager acknowledged that training for staff was in need of improvement. They told us they planned to access further training through the local authority's care support team. Following our inspection, the manager sent us confirmation that they had begun to address this. Although there were plans to address these shortfalls, we found that staff training and development had not been adequately managed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had monthly supervision with the team leader who reviewed their performance and identified training needs and areas for development. Supervision records were detailed and included discussions about people using the service. One member of staff told us they felt supported and could report any concerns to the manager.

Staff demonstrated that they gained people's consent and involved people as fully as possible in day to day decisions. During our inspection staff always sought people's permission before carrying out any care or support. The staff were clear about respecting people's decisions to refuse and what action to take if they were concerned about the impact on a person's health or wellbeing. People's records showed that staff respected their decisions. One example included, "[name of person] was offered the chance to go out but sat on the floor which means he doesn't want to go out."

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are part of the Mental Capacity Act legislation which aims to protect people who lack mental capacity and maximise their ability to make decisions or participate in decision-making. A DoLS authorisation is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interests. The manager had assessed where people were being deprived of their liberty and had submitted applications to the local authority. For example, it was recorded that three people were "under continuous supervision and control" as it was unsafe for them to access the community unaccompanied. Records confirmed that one application had resulted in a DoLS authorisation. The other two applications were still in process at the time of our inspection. The manager and staff had received recent training on MCA or DoLS and understood their responsibilities. For example they were aware that family and other professionals must be involved in a best interests meeting if a person lacked capacity to make a decision.

People were supported to make their own choices about what they wanted to eat and drink. Pictorial signs were available in the kitchen for people to use when deciding and communicating what they wanted to eat. Where people wanted to prepare their own snacks or drinks they were supported to do so. This was confirmed by a person using the service. One member of staff said there was a good budget for food provisions and told us, "People can eat what they like." Care plans were in place to ensure staff were aware of dietary needs such as foods to avoid for one person who had a specific medical condition. Records reflected that staff monitored how much people ate and drank and discussions showed staff were aware of people's individual needs including any associated risks.

People had access to the health care services they needed and other multi-disciplinary services were available when required. Care records reflected individuals' healthcare needs and people had seen other specialists where appropriate. There was information from health professionals on how to support people safely. This included guidelines for one person's ongoing health condition and assisting another person who had experienced changed mobility needs. There was correspondence which showed that the staff team worked closely with other healthcare professionals to ensure that

Is the service effective?

people received the services they need. Records of all health care appointments were kept in people's files. These records detailed the reason for the visit or contact and details of any treatment required and advice given. We discussed the use of hospital passports with the manager

which they agreed to put in place. These are documents that would provide medical staff with important information should a person be admitted to hospital in an emergency.

Is the service caring?

Our findings

One person confirmed that the staff treated them well and respected their choices and privacy. Two of the three people we met were not able to tell us directly about their care experiences but we observed they were happy and content in the company of staff. Staff communicated effectively with people and responded promptly to their needs.

There was guidance about how people communicated and their ability to make decisions about their care and support. People's care needs, choices and preferences were recorded and written in a person centred way such as, "what things do you like to do/ what don't you like" and "how I relate to other people". Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided. Staff gave examples of how they supported people who had no verbal communication to make choices. This included using pictures and showing one person food or drink items visually so the person could point out their preference.

Where individuals could not express their views verbally, staff were able to identify with the gestures and reactions that people gave and what these were likely to mean. A staff member explained that one person demonstrated anxiety by using specific behaviours and it was important for the person to have space and to avoid a crowded environment. The person's care records corresponded with what staff told us and gave staff clear direction on how to support their needs.

Records included positive information about a person's preferred choices around activities and personal care needs. The care records recognised individual preferences and showed how people liked things done, including detailed descriptions of people's routines.

Staff wrote daily reports about people's care and support. We looked at a sample of these records which provided information about how the person had spent their day, their well-being and any other relevant events such as healthcare appointments.

Records confirmed that staff supported people to maintain relationships and social links with those that are close to them. These also showed that relatives and family representatives were invited to yearly review meetings and kept informed about any significant events.

Care records included details about people's ethnicity, preferred faith and culture. People were provided with cultural foods of their choice and supported to follow their chosen faith. Individuals' bedrooms were personalised with family photographs and other possessions that were meaningful to them. One person enjoyed music and sensory equipment and their room was furnished to reflect their interests.

During our inspection, people chose where they wished to spend their time. Those who could comment said staff respected their privacy and had their own bedroom key to support this. Staff understood the need to maintain people's privacy and uphold their dignity. Throughout our inspection, staff respected people's own personal space by knocking on doors and allowing them time alone if they requested it. In people's files there was a policy outlining their rights when staff accessed their bedroom.

Is the service responsive?

Our findings

People had lived at the home for many years. Their needs assessments provided relevant social and healthcare information and where appropriate, included information from social services that had been reviewed each year. These assessments considered all aspects of the person's life, including their strengths, hobbies, social needs, preferences, health and personal care needs and areas of independence.

People's care records provided social and personal information, which enabled staff to deliver person centred care. The plans were individualised and relevant to the person. For example in one plan we saw there was information regarding the importance of spacious surroundings for a person when they accessed the community and described how staff could support them effectively.

Staff shared examples of ways they responded to people's needs. One staff described how they supported a person who had changed mobility needs and what support another person needed to manage their health condition. We found that adjustments were made to people's care and support when necessary. Following a recent accident one person was provided with the mobility equipment they needed to support their independence. Another person had been assessed for equipment to alert staff to their epilepsy needs.

Records confirmed that there were ongoing reviews of people's care needs and staff had updated them accordingly to meet individual changing needs and circumstances. Annual meetings involved the individual,

relatives or advocates and other professionals involved in people's care. All aspects of the person's health and social care needs were reviewed at these meetings and enabled the service to monitor that the care and support met their needs.

People took part in activities that met their needs and choices. Each person had an activity planner which outlined their interests, hobbies and day to day routines. Care plans recorded what was important to people and how staff should support them with their activities in the home and local community. These included local walks, social clubs, shopping, trips out to places of interests and restaurants. Staff had recorded what people did each day. For example, "used his sensory toys" and "enjoying the music and laughing."

Meetings were held to plan the weekly menu and people were asked about the things that they would like to do such as social trips and activities. People were encouraged to share their views and experiences of the service by taking part in meetings and through daily discussions with staff.

One person told us they would speak to their keyworker staff if they wanted to complain about anything and were confident they would listen. There was a complaints procedure printed in easy read format and displayed where people using the service could see it. The complaint records showed that the service had received no complaints in the last twelve months. The provider's complaints policy was out of date however and did not include accurate information about who to refer complaints to. We discussed this with the manager who agreed to review and update the procedure.

Is the service well-led?

Our findings

There had been no registered manager at the service since May 2014 and satisfactory steps had not been taken to register a new manager within a reasonable timescale. People did not benefit from a well-run service due to the long term absence of a suitably qualified and competent manager. A manager had joined the service at the time of our inspection and submitted an application to register. They were also registered as a provider for another organisation and told us they planned to divide their time between services accordingly. This included spending a minimum of three days at The Chestnuts with support from the team leader in their absence.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. This is so we can track and monitor whether the service has made the correct choices when dealing with events that could have put people at risk from harm. When we reviewed the accident and incident reports, we found two serious injury incidents that should have been reported to the CQC. We were also told about the death of a person using the service and that one person had a DoLS authorisation in place that CQC had not been informed about. We discussed these statutory notifications with the acting manager as it is a requirement that these incidents are reported. The manager agreed to submit the relevant notification forms following our visit and advised us that they would obtain a list of notifiable incidents to ensure that this did not happen again. The failure to notify CQC of a death and important events which affect people's health, safety and welfare was a breach of Regulations 16 and 18 of the Care Quality Commission (Registration) Regulations 2009.

We found little evidence that the registered provider had undertaken any formal quality assurance.

For example, people, their families and representatives had not been given any surveys or questionnaires since 2013. The registered provider had not conducted regular audits of the service to assess the quality of support provided at the home. This was despite the previous registered manager having left in 2014.

The manager and staff undertook audits but records showed there were inconsistencies in monitoring the service quality and acting on any identified shortfalls.

Checks on the premises were completed monthly by staff but they included recurrent themes and no evidence that actions had been addressed. For example, since October 2014 staff had recorded every month that the dishwasher was broken and the glass panel in the patio door was damaged. There was no maintenance plan or accurate records to show how the premises were being kept in a good state of repair and where there were planned improvements. Monthly medicine audits showed that staff had incorrectly calculated medicine stock levels.

There was no action plan in place that would highlight any strengths and weaknesses in the service as well as planned improvements. It was also unclear how the provider monitored the home's performance and made improvements based upon the views of people using the service, their relatives and other stakeholders involved with the home.

All the issues above meant there was a lack of systems in place to check that people's needs were being met and that the service was operating effectively. The provider had also not identified the shortfalls we found during this inspection. For example, staff training was out of date and needed updating; however this had not been audited or actioned.

We found that record keeping in the home was inconsistent across a number of areas. People's records were not always up to date to enable staff to meet people's needs effectively. In one person's file, we found conflicting information had been recorded about the management of a specific health condition. Another person's file contained guidelines from a speech and language therapist that were written in 2006. We found other historical information kept in people's files and the manager acknowledged that staff could read information that was no longer relevant or accurate. In the dining area we saw open boxes containing personal information which did not give assurance that people's confidentiality was being maintained.

Staff records and other records relevant to the management of the services were not always accurate and fit for purpose. Training and supervision information for two members of staff was unavailable and the manager told us their files were kept at another service. The home's policies and procedures were not up to date and had not

Is the service well-led?

been reviewed since 2010. They also referred to incorrect legislation and previous regulatory organisations. This meant that staff did not have the most current guidance to support their practice.

The issues above were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were meetings for staff to share their views and keep updated about people's individual needs and matters that affected the service. We looked at some staff meeting minutes which were clear and focused on people's needs and the day-to-day running of the home. Staff also shared information through a communication book and shift handovers.

The manager had a good knowledge of all the people who used the service and was able to offer guidance and support to all the staff. The manager was open and honest during the inspection and acknowledged they did not have all the procedures or monitoring systems in place to ensure that people were well cared for and safe. During our inspection, they were cooperative and welcomed any advice or guidance we gave. The manager had identified areas where the service needed to improve such as developing a more person centred approach to people's care planning and support. They recognised that further work was needed to meet the fundamental standards of quality and safety.

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

People were not always protected from unsafe care or treatment because the registered person had not done all that was reasonably practicable to assess and mitigate identified risks to them.

Regulation 12 (2)(a)&(b)

People were not protected against the risk of unsafe management of medicines.

Regulation 12 (2)(g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People did not receive care and support from staff that were appropriately trained to effectively carry out their role.

Regulation 18 (2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Appropriate standards of cleanliness and hygiene were not being maintained in the premises.

Regulation 15(1)(a)

The registered person had not ensured that the premises were properly maintained.

Regulation 15 (1)(e)

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided to people. Systems were not used effectively to evaluate and improve practice.

Regulation 17(1)&(2)(a)&(f)

Records of care and treatment provided to people were not consistently accurate or complete. Records relating to the management of the service and staff employed were not accurate, complete or kept securely.

Regulation 17 (2)(c)&(d).

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 16 CQC (Registration) Regulations 2009
Notification of death of a person who uses services

The provider did not send notifications as required.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

People cannot be confident that important events which affect their health, safety and welfare will be appropriately reported to us.