

Lambton House Ltd

Lambton House

Inspection report

New Lambton
Houghton-le-Spring
County Durham
DH4 6DE
Tel: 01913855768
Website: The provider did not have a website

Date of inspection visit: 24, 29 and 30 June 2015
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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

This inspection took place on 24, 29 and 30 June 2015 and was unannounced. This meant the provider did not know we planned to carry out the inspection.

We carried out our last inspection of Lambton House in October 2013 and found the service to be compliant. Since that date the provider changed the name of their company and re-registered with the Care Quality Commission. However the actual provider and the registered manager did not change.

Lambton House provides accommodation for up to 47 people who require personal care. At the time of our

inspection there were 42 people living in the home. Lambton House does not provide nursing care. During our inspection we found the majority of people living in the home had dementia type conditions.

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. Lambton House has a registered manager in post.

Summary of findings

The provider had robust recruitment and selection procedure in place and carried out all relevant checks when they employed staff.

We found the provider had in place a number of building safety checks including fire, water and electrical testing.

People had emergency evacuation plans in place and these were accessible to emergency services that may be required to evacuate people from the building.

The provider did not have in place plans to administer people's PRN (as when required) medicines.

The home had not been adapted to meet the needs of people with sensory impairments including people living with dementia. This included the use of colour to enable people to differentiate items and signage to guide people.

Advice and guidance had not been sought to support people with diabetes. There were no additional menu options for people with this condition.

The provider had made Deprivation of Liberty Safeguards applications to the local authority to deprive people of their liberty and keep them safe.

Staff were given appropriate training and support by the provider who had in place staff supervision meetings and appraisals.

We observed staff to be caring and compassionate towards people and staff used their knowledge of people to engage them in conversation. We saw staff supported people with dignity on most occasions.

We found most of the activities were designed around large groups and did not take into account people's histories, likes and dislikes.

We found people had in place care plans for people which were reviewed at monthly intervals and then a more substantial review was conducted every six months.

People and relatives we spoke with told us they would speak to the registered manager to make a complaint but none had made any complaints. We found there had been no complaints since our last inspection.

The registered manager described to us the improvements they were making to the service including the development of a summer house and developing Hen Power, a programme designed to engage people in keeping chickens. This has been found to improve people's well-being.

The provider had in place comprehensive audit arrangements to monitor the service.

We found many records which were incomplete or inaccurate.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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.

The provider did not have in place plans to administer people's PRN (as when required) medicines.

The provider had robust recruitment and selection procedure in place and carried out all relevant checks when they employed staff.

There were appropriate arrangements in place to maintain the safety of the building.

Requires improvement



Is the service effective?

The service was not always effective.

The home had not been adapted to meet the needs of people with sensory impairments including dementia type conditions.

The provider had recently implemented the County Durham and Darlington 'Focus on Nutrition', programme designed to prevent people losing weight in care homes. Advice and guidance had not been sought to support people with diabetes.

Staff were supported through training, supervision and appraisals to carry out their role.

Requires improvement



Is the service caring?

The service was not always caring.

We observed staff to be caring and compassionate towards people.

Staff were friendly considerate and very polite and understood the support needs of people in their care. They told us about people's likes and dislikes and how best to approach people

We found evidence to show the involvement of family members in people's care was variable.

Requires improvement



Is the service responsive?

The service was not always responsive.

We found most of the activities were designed around large groups and did not take into account people's histories, likes and dislikes.

The provider had in place care plans for people which were reviewed at monthly intervals and then a more substantial review was conducted every six months.

Requires improvement



Summary of findings

The provider had in place a complaints policy and process. No one we spoke with had made a complaint.

Is the service well-led?

The service was not always well led.

The registered manager described to us the improvements they were making to the service including the development of a summer house and developing Hen Power, a programme designed to improve people's well-being by engaging them in keeping chickens.

The provider had in place comprehensive audit arrangements to monitor the service.

We found records had not been completed or had inaccuracies.

Requires improvement



Lambton 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 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.

This inspection took place on 24, 29 and 30 June 2015 and was unannounced.

The inspection team consisted of three adult social care inspectors.

Before our inspection we reviewed all the information we held about the service. We looked at information used to register the service and if there were any notifications received by the Care Quality Commission. We also spoke with the local commissioners and Healthwatch no

concerns were raised by these organisations. However we saw concerns had been raised by the local safeguarding team and an allegation of an incident of neglect had been upheld.

During the inspection we looked at eight people's care records and carried out observations we spoke with three people's relatives and six people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 11 staff members including the registered manager, the deputy manager, senior care staff, care staff and cleaning and catering staff.

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.

Is the service safe?

Our findings

Relatives we spoke with told us their family members were safe living in Lambton House. One relative told us they did not have any concerns.

We looked at people's topical medicines and found that although there were body maps in place the body maps did not tell staff where to apply the topical medicines. We saw the senior carers had signed people's medication administration records (MAR) to show the topical medicines had been applied and asked how they knew this had been done. One senior carer told us staff told them so they signed the MAR. We discussed with the registered manager staff signing the MAR on behalf of other staff. They told us they had been told by a pharmacist there was no need for staff to sign a topical medicines form and the MAR record and this was double signing. This meant the senior carer had signed for people receiving their topical medicines without having seen they were administered.

We looked to see if people had been given their medicines appropriately. We saw people received medicines known as PRN. This meant people had medicines to be given to them as and when required. We asked staff for people's PRN care plan so they knew when people might need such medicine. We found there were no PRN plans in place.

We found there were gaps in people's MAR which could not be explained by staff. We asked the registered manager about the absence of photographs on people's medicine records to enable staff to give the right medicines to the right person. They told us they were being developed.

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

The provider had in place a system for recording accidents and incidents. However we saw evidence in one person's records that they had fallen twice when we cross-checked this against the incidents/accidents log we could not see any corresponding actions in relation to these falls, but did find evidence of a further fall. We spoke to the registered manager about this and they were unable to explain the discrepancy or show us where a review of the person's falls had taken place. They assured us that they had robust falls management procedures in place. We could not be assured each person's falls were reviewed and appropriate actions then taken.

We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out prior to a member of staff starting work and thereafter at three yearly intervals. We saw two written references were required by the provider. Proof of identity was obtained from each member of staff, including copies of passports and birth certificates. We also saw copies of application forms where prospective staff members had listed their previous employment. The provider had in place interview questions appropriate to the role. This meant that the provider had a robust recruitment and selection procedure in place and carried out all relevant checks when they employed staff.

We saw the home had a safeguarding policy in place. Staff had been trained in safeguarding and they were able to tell us the different types of abuse.

People who lived in the home had risk assessments in place. The provider had established if there were risks to people and had looked at ways to mitigate those risks. For example we saw there were risks assessments in place in relation to people's mobility and their nutrition. The home had an open staircase and we observed one person using the stairs. They told us they were slow but could do it. In another person's care records we saw a person had been supported by staff to use the stairs when the lift was out of order. Approximately one month later it was recorded they had been supervised by staff and discouraged to use the stairs and the risks were unlikely if monitored and encouraged to use the lift. We found the person had a dementia type condition and there was no capacity assessment in place to determine if the person could manage their own safety in relation to the stairs when staff were not present. This meant we could not be assured the risks to people accessing an open staircase had been assessed.

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

The provider had in place a number of building checks; we saw these included water testing and portable electrical testing (PAT). We saw the provider had a gas safety inspection and had booked the next inspection. An electrical installation condition report and fire extinguisher

Is the service safe?

checks were also in date. Fire alarm tests were carried out by the provider each week. This meant the provider had in place appropriate arrangements to ensure the building was safe.

We looked at people's personal emergency evacuations plans (PEEPS) and observed the plans matched people's needs as described in their care plans. These were summarised onto one sheet with people's bedroom numbers. This meant emergency services had readily available information to evacuate people from the building if required.

We looked around the home and found it was clean and tidy. Staff showed us the cleaning schedules. However we pointed out to the registered manager a lack of cleaning in one bathroom and a person's room. The registered manager told us they would immediately deal with the issues. In another person's room we noticed a smell of urine, the registered manager was aware of the room and

described the actions they had taken. We found there was a supply of personal protective equipment including aprons and gloves. We observed staff during the inspection use this equipment when they were directly working with people. This meant the provider had in place arrangements to reduce the risks associated with cross infection.

We found there was sufficient staff on duty to care for people. The registered manager told us they did not use a dependency tool to work out how many staff were needed. They told us there was a senior staff member on duty and seven carers each morning and a senior staff member plus six carers each afternoon/evening in addition to catering and domestic staff. We looked at the rotas and found the numbers of staff were reflected in the staff rotas. Staff told us they worked together to get tasks done and often worked in pairs when for example making beds. We observed that if anyone needed a member of staff there was always someone available.

Is the service effective?

Our findings

We looked to see if the building had been adapted to meet the needs of people with dementia. We found the décor throughout the home to be uniformly shades of cream and beige and it did not adhere to guidelines for people with dementia type conditions. The dining area including the chairs, table cloths, walls and carpet were cream and there were few contrasts that enabled people with sensory difficulties to have a more accessible dining experience, for example people ate off white plates which were placed on off-white table cloths. We found there was no signage to guide people around the home. We also saw people in the corridor disorientated and at times distressed. We spoke with the registered manager about these issues. She felt people were distressed because they had picked up that staff were worried about the presence of inspectors.

We looked at the bedroom corridors in the home and found all the bedroom doors looked alike and there was no guidance so a person with dementia could distinguish their room. We spoke to the registered manager about this. They told us they had spoken to relatives in the past about putting names on people's doors but the relatives did not want this to happen.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Lambton House garden had been designed to meet the needs of people with dementia. We saw it had walkways interspersed with seating and points of interest included large umbrellas to provide shade. We saw the door to the garden was locked and people could not choose to go out as recommended in Department of Health Building Note 08-02 Dementia-friendly Health Social Care Environments published in March 2015. We asked staff what would happen if the doors were to be opened, one member of staff replied "They [people using the service] would all just go out." In one person's care documents we noted they enjoyed a walk in the garden. At a later point in the inspection we observed people were being sat in a row and having sun cream applied before being taken out. This meant people accessed the garden but only with staff oversight.

We looked at nutrition in the home. Staff had been trained in the County Durham and Darlington 'Focus on Nutrition', a programme designed to prevent people losing weight.

People using the service were ranked at Low, Moderate or High risk of malnutrition using the Malnutrition Universal Screening Tool (MUST); lists were on display in the kitchen to indicate who should have additional fortified foodstuffs. This meant the provider had taken steps to ensure people had good nutrition.

In the kitchen we saw a list of people who were diabetic and if their diabetes was managed by diet, medicines in tablet form or insulin. We looked at people's food diaries and found people with diabetes had been given food with high sugar content. The registered manager was unable to give us any alternative menu for people with diabetes. We found there was no reference to diabetes in people's six monthly reviews of their nutrition care plans. Whilst it was clear the senior staff we spoke with on duty had an understanding of the indicators of hypoglycaemic/hyperglycaemic episodes, this was not reflected in risk and care planning documentation, or in food preparation. We spoke with the registered manager about this issue, they confirmed it was an area that required improvement and that they had not to date sought advice from a dietician/diabetes specialist. This meant risks to people who had diabetes had not been properly assessed and the risks mitigated.

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

We observed people during lunchtimes. One person told us that the best thing about being here was "Having food cooked" but that living in the home, "Wasn't as good as it used to be." We noted staff promptly responded to people who were able to make requests. We saw there was no menu displayed to remind people what was for each meal. We observed people at different tables getting their meals at different times; some people spoke with more than one staff member about their meal. We found the meal time to be chaotic. We saw one person left the table after 15 minutes when their lunch was not served. A member of staff encouraged the person back to the table. Staff confirmed this person did not like the noise of the dining room and it was a challenge to get the person to sit in the communal area to eat. We asked if consideration had been given to setting up a separate space for anyone not wanting to eat in the dining room environment and found this had not been put in place for people who found the dining room stressful.

Is the service effective?

We found people did always receive support to eat at appropriate times. During a meal we saw four people sat together, three of whom required support to eat. They were seated at the table at 11:50am and one of them received their meal at 12:23pm. During this time one person, who had an adapted full mug but no ability to pick it up, was not offered any assistance to drink from the mug. They tried to pick up a standard spoon and another person at the table tried to help them; they had to wait until 12:25pm before a member of staff helped them to eat the meal. At 13:15 when we returned to the dining area this person was being spoon-fed by another staff member.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. Staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. We reviewed three appropriate applications had been made to the local authority. The file containing the applications had a prompt document listing key principles of DoLS decision-making however we did not always see this being applied in practice. For example, where a DoLS referenced a locked door as the reason for the application it did not consider other least restrictive options available. We discussed this with the registered manager who acknowledged the service were getting “Up to speed” with DoLS applications and they were able to show us their DoLS policy, still in draft format. They committed to completing this work and sharing with staff promptly.

We saw staff new to the service had an induction period and checks were completed on an induction checklist. Staff confirmed to us they had received training, one member of staff told us there was always training available. We looked at staff training records and found staff had been trained in a variety of subject areas. These included dementia, challenging behaviour, dignity, moving and handling and first aid. Staff had also commenced work on the Skills for Care Certificate. During our inspection there was an imminent deadline for the completion of the ‘Focus on Nutrition’ workbooks. We found staff were completing the workbooks at appropriate times during the day. For example one person was completing their workbook during their break.

The provider also had in place arrangements for carrying out staff observations. We saw staff had been observed carrying out their role and comments recorded. The registered manager told us these were undertaken prior to a staff member’s appraisal. We found staff had annual appraisals where their performance was discussed. The provider had in place supervision meetings with staff. These meetings are for staff to share concerns and assess with their manager their training and performance needs. The registered manager told us it was difficult to have supervision when people work and supervise each other every day. They had introduced themed supervision meetings to reinforce learning and staff development. The themed supervision meetings included dementia, safeguarding and diversity. This meant the provider was supporting staff to learn.

Is the service caring?

Our findings

We observed staff to be caring and compassionate towards people. One relative told us they had observed staff and found they were gentle. During our inspection we saw staff use a hoist to support people from their chairs into wheelchairs. We heard staff talking with people respectfully and explaining to them support they were providing.

Staff were friendly considerate and very polite and understood the support needs of people in their care. They told us about people's likes and dislikes and how best to approach people. One staff member told us if they approached a person and they said 'No' they would return to the person and ask them later. However we sat next to one person in a lounge who was approached by three members of staff four times in a short period of time and asked if they wanted to go into the dining room for their lunch. The same staff member asked them for the first and fourth time. The person got up after the fourth time and was supported to walk to the dining room. Whilst the staff member pointed out to us having come back later the person agreed to go to the dining room, the person's experience was one of being repeatedly asked and their choice may have been eroded.

We saw staff supported people with dignity, for example we saw staff tuck people's clothing around them into prevent their legs from being exposed. One member of staff on transferring a person mouthed to another member of staff the person had been incontinent and the staff discretely supported the person to be changed. However we also saw staff feeding a person and whilst doing so talking to a colleague about the rotas. This meant the person's dignity was compromised.

We saw staff interacted with people and shared a joke, offered to help them, or made suggestions as to what they

might wish to do. Staff used their knowledge of people to engage them in conversation. For example one person was engaged in a conversation about their relationships with the opposite gender. People responded warmly to staff and we observed they were relaxed in their company.

We looked at people's care plans and found their spiritual needs were recorded. One person had in place a specific care plan appertaining to their religious beliefs. The registered manager told us that whilst they adhered to the person's beliefs they also gave them a choice and they could choose if they wanted to celebrate events.

All care plans were prefaced with the words, 'This care plan had been agreed after discussion taking place with [the person] and input from [the person's] family'. The care plans were signed by the staff but not always by the family members. This meant that although the provider had indicated there was family involvement in people's care planning it could not always be evidenced. One family member we spoke with could not remember if they had signed care plans as their relative had been in the home a long time. The provider asked family members to complete a social history of each person and found the content of these documents varied; some family members had given detailed histories of their relatives whilst others had not.

Lambton House was on two floors with most of people's bedrooms on the first floor. We found people's bedroom doors were locked. People were brought downstairs and lived communally. Only those people who could use the stairs or understood where they could find the lift had access to privacy in their own rooms.

We spoke with the registered manager about advocacy. We did not see any information displayed in the home about an advocacy service. They registered manager told us no one in the home had an advocate at present but the home had access to an advocacy service if required.

Is the service responsive?

Our findings

One person told us the home was “Very nice”. We asked another person what they would do this afternoon and she responded “Nowt, likely”. We spoke with one person in their room who told us we were a welcome change from the monotony they were experiencing. They told us there was very little to do and had been offered the opportunity to make crispy cakes which they did not appreciate having spent several years in the catering industry. One staff member told us, “All people had to do involved music or watching TV.” We heard one staff member try to engage a person in knitting but they refused. Staff told us they had been told to get people singing by the management during our inspection. The registered manager told us the activities coordinator worked part time and they had experienced difficulties in recruiting another part time coordinator.

We looked to see if the activities on offer were displayed so people knew what was going on and found this was not available to people. The activity planning aspect of care planning consisted of a retrospective weekly record of what the person had done that week. One recent representative weekly entry read, ‘has enjoyed watching the telly in the lounge with other residents. Also enjoyed watching old films’. We asked one person about what they enjoyed doing and they said they used to play cards and enjoyed it. We asked if they got the opportunity to play cards and were told “I’ve never seen them.” The care plans we saw followed this pattern and there was a lack of an inventive person-centred approach to activity planning and ensuring that people’s choices were sought and met. For example, it was recorded in one person’s plan ‘loves gardens, flowers, sunshine, knitting’, but there was no attempt to formalise this into activity planning. We looked at the activities records for six people at random and found over a period of seven different days in one month all six people had participated in one to one chats, a quiz, another quiz called, ‘Guess the Voice’, a bingo night, a party night, arts and crafts. One person declined from the middle of the month to participate in a competition night, a bingo evening and another party night. During our inspection people were entertained by a singer. We found most of the activities were designed around large groups and did not take into account people’s individual histories, likes and dislikes.

We reviewed six care plans and saw that each had individual care plans for: personal care, dressing, mouth care, mobility, nutrition, medication, skin integrity, continence, sleep, cognition, activities, spiritual needs. The care plans we reviewed, whilst comprehensive in terms of assuring that people received the support they required, were difficult to navigate given their size and did not lend themselves to person-centred activity planning. For example each care plan consisted of a list of people’s preferences interspersed with tasks which meant the assessments of people’s needs were mixed with the actions staff were required to take. We found care plans were reviewed at monthly intervals and then a more substantial review was conducted every six months.

We saw evidence in one plan that a person who preferred baths to showers and had had regular baths, as well as enjoying having their hair styled regularly. However we saw one person had not been offered any baths or showers between the 5 to 15 May 2015, the 24 May to 2 June 2015 and 14 to 22 June 2015. Similarly there were gaps in other people’s bathing records. We could not be assured people were regularly offered the opportunity to have a bath or a shower. We spoke to the registered manager and the deputy manager about this. They told us the staff had not recorded the bathing offers made to people.

We also saw evidence of regular support from the district nurse, chiropody and optical care specialists. We spoke with members of the district nursing team who visited every day. They told us they thought staff were responsive to the needs of people using the service.

The provider had in place a complaints process. People and relatives we spoke with told us they would speak to the registered manager to make a complaint but none had made any complaints. We found there had been no complaints since our last inspection.

Prior to the inspection concerns had been raised by Durham County Council’s safeguarding team regarding the lack of information flow from one shift to another and handover information was maintained in different places. During our inspection the provider showed us they now had one handover file in place which contained information and comments on everyone in the home.

Is the service well-led?

Our findings

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. At the time of our inspection there was a registered manager in post.

In a statutory notification sent to the Care Quality Commission we noted the registered manager had stated what action they would take following an error with a person's medicines. We discussed if the actions had been carried out and found the staff member continued to administer people's medicines without the actions having been carried out. This meant although the registered manager had told us what they intended to do to keep people safe they had not put in place all their actions. Following the inspection the registered manager sent us evidence to show the staff member had been assessed as being competent.

We asked the registered manager what improvements they intended to make to the service. The registered manager showed us the home had been accepted to be a part of the 'Hen Power' project where the home will be given chickens to look after. This has been found to have beneficial effects on people's well-being in care homes. During our inspection contact was made by Hen Power who asked to do a media piece on the home. The registered manager responded appropriately and protected people's privacy by stating that no one could be photographed without their consent.

The registered manager also told us about the conversion of a building into a summer house in the garden and said this would give people more space.

We looked to see if the registered manager had carried out quality surveys of the home. In 2014 we saw there had been a staff satisfaction survey carried out. We saw staff had made requests for better communication between staff, more activities for people and to be able to take people out more and greater use of the garden. Staff had also pointed out the building was too hot for people. We spoke with staff

on these issues who told us there had been very little improvement since the survey. The registered manager also showed us the 2014 responses from relatives. These were largely positive.

The provider had in place arrangements to carry out quality audits of the service. These were primarily undertaken by the deputy manager and the registered manager told us she checked them. We found the provider had in place a housekeeping audit and a general workplace arrangements audit. During the latter audit the deputy manager checked for example flooring, medication storage, hoist and lifting equipment. We also found the provider had in place bedroom risk assessment forms. Each month a number of rooms were checked for safety. This meant the provider had in place comprehensive audit arrangements to ensure the service was safe.

We found the registered manager carried out care plan audits and looked at one care plan per month. The registered manager listed tasks to improve the care planning. However we saw over a period of four months they had looked at three people's records and tasks had not been carried out.

We found the registered manager had made progress in introducing a programme to improve nutrition, however in introducing the changes the specific needs of people with diabetes had been overlooked. This meant the implementation of changes in the home had put people at risk. When we discussed this with the registered manager they agreed to immediately address the issue.

The provider had in place a record of all training courses undertaken by the staff. The registered manager told us they were able to check which staff were up to date with their learning and who was required to undertake further training.

We looked at people's care records and found they were stored confidentially. An index at the front of each person's care file guided the reader to the required section. However we found the records were at times contradictory, for example it was recorded, '[person] likes to have their meals in the company of others in a socially stimulating environment'. We found this person repeatedly left the dining room and staff told us they did not like to sit there. In one person's daily record we found they were to be monitored and there was no subsequent monitoring

Is the service well-led?

recorded. Another person had been admitted on respite care a fortnight prior to our inspection and care plans and risk assessment records were incomplete. The registered manager told us they had not yet completed the records.

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

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

Regulation

Accommodation and nursing or personal care in the further education sector

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

People medicines were not administered using safe methods.

The provider did not have in place risk assessments to ensure people used the stairs in a safe way.

Regulated activity

Regulation

Accommodation and nursing or personal care in the further education sector

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The premises were not suitable for the purposes for which they were intended.

Regulated activity

Regulation

Accommodation and nursing or personal care in the further education sector

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have in place accurate and complete contemporaneous records including a record of the care and treatment provided to each service user.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who used the service were not protected against the risks associated with foodstuffs which did not meet the requirements of their diagnosed condition.</p>