

Community Therapeutic Services Limited

Victoria Court

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We carried out this unannounced inspection on the 18 and 26 June 2015. At our last inspection in July 2014 we found that the laundry environment was unsafe which posed a risk to infection control at the home. At this inspection we found improvements were still required.

Victoria Court provides accommodation for up to six people who had a learning disability, autism and or mental health needs and who require personal and/or nursing care. At the time of our visit there were six people living at the home. Victoria court is set over two floors. The ground floor has two bedrooms, along with two

communal lounges, the laundry room, a dining area, kitchen and access to the outside patio area. The first floor has four rooms, the manager's office, staff sleeping area, and medication room. All bedrooms are en-suite.

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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present during the inspection.

Improvements had been made to ensure people were better protected from the risks of infection. The laundry room had a new floor, skirting boards and tiles. Mops had been replaced with steam cleaners and the extractor fan had been cleaned. There were still some concerns relating to poor use of personal protective equipment and the handling of soiled and contaminated laundry.

Not all staff had received appropriate pre-employment checks before commencement of employment. However, the manager had systems in place which ensured staff did not work on their own with people until their competence was checked. We found these risks were not being managed with an appropriate risk assessment.

Not all risk assessments for keeping people safe were accurate and up to date. One person required their risk assessment to be updated and review dates to be added. The evaluation process in place had failed to identify this shortfall. These risks were reduced because staff knew people well.

People had detailed behaviour support plans in place. Staff knew how to support people well. For example, we saw positive interactions with a member of staff and how they supported someone who became upset with anxiety.

People told us they felt safe and that staff knew them well and were kind and caring. Staff knew about different types of abuse and what they should do if they suspected abuse.

The principles of the The Mental Capacity Act 2005 code of practice including the Deprivation of Liberty Safeguards were being followed and we saw appropriate paperwork in place.

All staff confirmed they felt they received adequate training. Not all staff had received refresher training in relation to safe administration of medicines, Safeguarding adults and The Mental Capacity Act. The manager confirmed actions had been taken to address this. There was a good staff induction and we saw new staff received training relating to their role.

People had enough food and drink. There was enough choice and control with their meals including the times that they chose to have their meals. All people we spoke with confirmed they were happy with these arrangements.

Referrals to health care professionals were made for people when required. All people we spoke with were happy with the support they received. One health care professional we spoke with confirmed they were happy with the service.

Staff felt they received enough supervision meetings and were supported by the manager. There were daily hand over meetings and staff there had been a recent staff meeting.

Staff interacted with people in a kind, caring and polite manner. People were happy with the care that they received.

Care plans included people's life histories and staff we spoke with knew people well. People confirmed how they made their own choices and care plans confirmed their wishes.

People were supported with their choices, for example, when they wished to get up in the morning and access the community.

People had support to follow interests and activities that were important to them.

Care plans contained various pre assessments and important information relating to people. Care provided was person centred.

People had regular reviews and key workers were responsible for co-ordinating and liaising with people when their needs changed.

There was a complaints policy in place along with an easy read version but there was no overview of actions taken to resolve complaints. Following our inspection, the manager sent us a copy of the plans they were going to implement to address this.

We found at times there were duplicate records that were out of date. This included records relating to pen portraits, personal evacuation plans, fire plans and risk assessments.

Summary of findings

Not all areas of the health and safety audit identified areas of concern found on the inspection. This included staff practice relating to personal protective equipment, handling of soiled and contaminated laundry and one area of the home that had paper peeling off the wall and evidence of damp coming through.

There was a system for logging all incidents and accidents in the home and we saw that these were reviewed and actions taken when required.

There was a system in place to ensure people and relatives were sent an annual survey. Most people were happy with living at the home. We found there was no overall analysis of actions taken following the comments received about the home.

We found three breach's 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 this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People were not always protected against the risk of infection due to the Department of Health infection control policy not being followed.

New staff had not received appropriate checks before they started work with the service and there was no risk assessment in place to reduce the risk.

Not all risk assessments were current and up to date. However, staff knew people well and how they should be supported.

Files had detailed behaviour support plans in place and staff knew how to support people with any changes to their behaviours.

Requires improvement



Is the service effective?

The service was effective.

The principles of The Mental Capacity Act 2005 were being followed. Where people lacked capacity we saw appropriate paperwork in place that supported best interest decisions and Deprivation of Liberty Safeguards.

Staff received supervision meetings and records confirmed this. There were daily hand over meetings and all staff had attended a recent staff meeting.

People were able to have meals when it suited them. People were supported to make choices and people we spoke with were happy with their meal time experience.

Good



Is the service caring?

The service was caring.

Care was provided in a respectful and dignified manner. People told us they were happy with the care that was provided.

Care plans contained personal information in relation to the person's life history.

People were supported when they wished to get up and go to bed and also to access the community.

People were supported to undertake activities that were important to them.

Good



Is the service responsive?

The service was responsive.

Care plans contained various pre assessments and information relating to people. Care provided was person centred and care plans contained important information that related to people.

Good



Summary of findings

People had regular reviews and key workers were responsible for co-ordinating and liaising with people when their needs changed.

There was a complaints policy in place along with an easy read version but there was no overview of actions taken to resolve complaint's. However, the manager was addressing this.

Is the service well-led?

The service was not always well-led.

Records were not always accurate and at times there were duplicate or out of date records. This included records relating to pen portraits, personal evacuation plans, fire plans and risk assessments.

Audits did not always identify areas of concern relating to staff practice and the use of personal protective equipment, the handling of soiled and contaminated laundry.

There was a system for logging all incidents and accidents within the home and we saw that these were reviewed and actions taken when required.

There was a system in place to ensure people and relatives were sent an annual survey. Most people were happy with living at the home. We found there was no overall analysis of actions taken following comments received and how the service would be improved.

Requires improvement



Victoria Court

Detailed findings

Background to this inspection

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

This was an unannounced inspection that took place over two days on the 18 and 26 June 2015. It was carried out by one inspector.

We spoke with all six people living at Victoria Court and were able to gain views from five of the people. We also spoke with three relatives about their views on the quality of the care and support provided. We also spoke with the registered manager, five staff, and one administrator. We spoke with one health care professional to gain their views of the service.

We looked at three people's care records and documentation in relation to the management of the home. This included two staff files including supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises, observed care practices and the administration of medicines.

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. We also looked at previous inspection records, intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

Is the service safe?

Our findings

At our last inspection we found there was a breach in Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan which detailed the action they would take to address these shortfalls.

At this inspection we found improvements had been made to the laundry area but not all staff were using protective equipment in line with the Department of Health's code of practice for prevention and control of infection in care homes. There was a new floor and skirting boards. Staff we spoke with were knowledgeable about personal protective equipment (PPE). They told us when they should wear it and when they should wash their hands. We found staff did not always ensure aprons were used correctly. For example at times staff walked around the home with their aprons on in-between duties and one member of staff did not use an apron to handle soiled laundry. We asked them what the practice was for handling soiled laundry; they confirmed "Aprons and gloves should be worn". We fed this practice back to the manager who confirmed they would review staff's practice.

We reviewed the laundry arrangements at the home. Staff confirmed the laundry arrangements for one person who bagged their laundry daily into red disposable bags. We reviewed the arrangements for other people at the home. We found dirty laundry was stacked in the same baskets being used for clean laundry. Due to the stacking of the baskets one fell whilst a member of staff loaded the machine. This meant dirty laundry was not being segregated and stored in line with the Department of Health's code of practice relating to laundry. We fed this back to the manager who confirmed they would review the storage of dirty laundry.

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

Improvements had been made to the cleaning of the home but not all cleaning schedules were consistently being signed. The home was clean and tidy throughout our inspection. There was a cleaning schedule in place and staff were allocated duties each day. Staff confirmed this would be signed on the completion of the task. We reviewed the cleaning schedules. Not all staff had ticked to

confirm the completion of daily cleaning tasks. These meant areas of the home could end up being missed if schedules were not accurately being filled in. We fed this back to the manager who confirmed they would review the completion of these schedules.

The recruitment procedure was not robust and did not ensure people received care that was safe. For example, one new number of staff had two satisfactory references and current identification in place but had started work before the return of their Disclosure and Barring (DBS) check. Concerns had been recorded but there was no note or risk assessment that identified risks or how the service was managing the risk and the arrangements in place.

This meant the provider did not have established safe recruitments procedures in place that they operated effectively to ensure that persons' employed were of good character and had satisfactory checks in place prior to starting their employment. This placed people's safety and wellbeing at risk.

This was a breach of regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People had a range of risk assessments in place, for example environmental and personal but not all risks to people's safety were accurate and up to date. One risk assessment identified a risk but control measures were not in place even though there was a likelihood of an incident occurring. We spoke with the manager about the risks they were unaware of the requirement but confirmed they would address the risk and ensure appropriate action is taken.

Risk assessments in place did not always identify changes to people's risk. We found one person had two risk assessments in their clinical file that did not contain up to date information relating to recent concerns for example risks to themselves. The manager confirmed actions they were taking and showed us a revised risk assessment and management plan for June 2015. However, this information had not been transferred to the person's risk assessment in their care plan. The monthly evaluation section had also failed to identify the change required. All staff confirmed the recent concerns and the protocol they used to support this person and others. Staff knew people's individuals risks

Is the service safe?

but these were not consistently documented in people's care plans. The manager confirmed they were in the process of reviewing all risk assessments with the clinical team and would be updating these.

We looked at three people's care plans who needed support with their behaviour. All care plans had detailed behaviour support plans in place. Staff knew people well and were able to confirm the details of people's individual behaviour support plans. This included triggers for people's behaviour. This meant people had detailed behaviour supported plans in place.

There was a system in place for recording all types of daily incidents. Staff logged incidents into a daily summary form. All staff confirmed the techniques they used to support people when their behaviour became challenging and how they would manage the situation. We observed staff practice throughout the inspection and found positive examples of how people were supported with daily anxieties and behaviours. Staff had a good understanding of how to de-escalate and reassure people. This meant people were supported by staff who were knowledgeable in how to keep them safe.

There were processes in place to help keep people safe from abuse. All five care staff we spoke with were knowledgeable about abuse and were able to tell us what to do and who to report it to if there were concerns. All but one care staff member had received training in safeguarding adults. Four care staff required refresher training, two of these were already booked onto the safeguarding adult's refresher training. This meant staff knew what to do if they had concerns and who they should go to and there was a system in place to ensure staff received up to date training.

People told us they felt safe at Victoria Court. They confirmed that staff knew them well and were kind and caring. They told us, "Yes I feel safe, because I like it here", "The environment makes me feel safe". When asked if staff were kind and caring they said "Yes", "Yes they are" and "I

like the staff and security". Two relatives felt their family members were safe, they told us "Yes I think so" and "I think they are safe there". One relative we spoke with did not feel their relative was safe. We asked the registered manager to contact this relative in relation to their concern they confirmed action was taken.

The registered manager told us they planned the numbers of staff on duty based on the needs of the people living at the home. They told us they always made sure there is additional support available and that the staff rota was flexible. On the days of our inspection there were enough staff to meet people's needs safely. One member of staff told us "I am currently supernumerary" and another member of staff said "Sometimes there are problems with staffing due to sickness". Our observations and the staff rotas demonstrated staff on duty matched the rota. This meant at the time of our inspection there was enough staff to meet the needs of people living at the home.

People had their medicines administered safely and in a timely manner. All care staff were responsible for the administering of medication. All care staff had received training in the safe administration of medicines. All staff we spoke with confirmed they had received this training. There was a system in place to observe staff practice and competencies; at the time of the inspection not all staff had received their annual competency checks. The manager has since confirmed all staff have received their annual competency checks and are now up to date with their medication training. This meant staff received training and were up to date with their competency.

All medicines were stored securely and appropriately. We observed the ordering, storage, and disposal of medication was appropriately undertaken. All drugs in the medicine trolley were in date.

We recommend that the service reviews the requirements from the Department of Health relating to Care homes and infection prevention and control and related guidance.

Is the service effective?

Our findings

The provider is required to follow the principles of the Mental Capacity Act 2005 (MCA). We found the MCA was being followed for those who did not have capacity to make their own decisions. Staff were able to confirm how they gave people daily choice. They felt confident and knowledgeable about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). One care plan contained appropriate assessments and best interest decisions where the person lacked capacity in daily decisions. This meant the service ensured people who lacked capacity had decisions made in their best interests.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. There was one person who was subject to a DoLS application. We saw paperwork had been completed which confirmed this. This meant the service ensured applications were being made if they considered people were being deprived of their liberty.

All staff felt training was more than adequate. Staff had attended mandatory training relating to health and safety, positive response training, infection control, safeguarding adults, fire safety, moving and handling, mental capacity was not always actioned in a timely manner. One new member of staff confirmed the training they had attended in the first few weeks of induction. They told us “I have attended training in positive response, food hygiene, infection control and safe handling of medication, training has been good”. Following the induction programme this member of staff confirmed they were still shadowing care staff. This allowed staff the opportunity to ask questions and review their competences when looking after people.

Staff confirmed they felt they received enough supervision. Records confirmed staff had either received an annual personal development review or had one planned.

The manager told us their last staff meeting was in May 2015. They said they planned to have one every six months. There was a daily hand over meeting where staff were able

to discuss and hand over any concerns from the previous shift. One member of staff confirmed “We have a meeting every day to handover and discuss concerns”. This meant staff had access to regular information and had the opportunity to discuss any issues or concerns.

We observed people having breakfast at various times throughout the morning. The atmosphere was relaxed and friendly. People were supported to make choices and care staff were constantly chatting and engaged with people. Four people had meals prepared and cooked by staff. People told us they were able to pick a meal they wanted and had the opportunity to do this on the weekly menu plan. Two people confirmed they cook in their flats. This was their choice. They told us “Staff support me to cook my meals” and “I do all my own cooking and shopping”. All people we spoke with were happy with the meal time experience. They told us “Its good food”, “I can come and go and make my own drinks” and “I get to choose my menu”. This meant people enjoyed their meals and were supported when required.

People had regular access to health professionals dependent on their needs. Two people confirmed the access they had to their GP and medical services. One person confirmed the support they had from staff to access these appointments and how supportive staff had been. When emergency referrals were required, we saw protocols were in place and staff actioned these as required. Staff we spoke with confirmed how and when they made these referrals, records confirmed actions taken.

We saw that people had access to the services clinical team. This team was made up of specialist such as Psychologists and behaviour specialists. Referrals were made when required to other professionals within the Learning disability team and Social Services.

We spoke with one supporting professional about the contact and communication they had with Victoria Court. They confirmed it was an “Excellent service”. They felt there was good communication and received a good update over a period of time of how the person had been. This meant there was good communication and access to information for people when required.

Is the service caring?

Our findings

Staff interacted with people in a kind, caring and polite manner. We saw a good rapport between staff and people that demonstrated staff knew people well and how best to support them. One person became upset and we saw the manager quickly respond appropriately to de-escalate the situation. They spoke with sensitivity and in a calming manner which defused the situation.

Staff treated people with dignity and respect. They were relaxed and gave people the time they needed to respond when talking to them. All staff provided assistance and support in a relaxed and quiet way so that people's needs were respected. For example staff knocked on people's doors before entering and they ensured conversations were held in an appropriate way.

People said they were happy with their care. They told us "Staff are kind and caring", "Yes staff are kind and caring". Relatives we spoke with also confirmed how satisfied they were with the care. They told us "Staff are polite and considerate", "They are always polite and caring" and "All staff have been good". This meant that people were supported by staff who treated them in a kind and caring manner.

People said what was important to them. They told us "I like my music and attending gigs", "I enjoy football" and "I like bingo". Care plans included information relating to the persons likes and dislikes as well as detailed life history. The likes and dislikes were an important part to people's daily activities and conversations.

People we spoke with confirmed how they made their own choices. We observed carer staff spending time with people

and supporting them to make choices and decisions. The person was unhurried which gave people time to decide what their wishes were. One person required additional staff support to make their own choice and decision. For example they required support from staff to show them objects or picture to enable them to make their own decisions. Staff we spoke with confirmed how they used pictorial aids and cards to support the person to make daily decisions. We saw their care plan had likes and choices and there was regular involvement with the person's relative. This meant people were supported to express their views and information was gathered by involving people who were important to them who were involved in their care.

People were supported to make their own decisions. For example, what time they wished to get up and when they wanted to access the community. Over the two day inspection we saw peoples routines vary depending on what activities they had planned for the day. One person was up and leaving the building on the first day of our inspection. They told us what they had planned for the day and how they had made their choice regarding the choice of activity. We saw another person was supported to access the community with the service's vehicle. They were very excited about the day and when they returned they confirmed what a great day they had experienced. This meant people had choice and were able to come and go with appropriate staff supporting them.

Visitors were greeted positively by people living at the home. People had opportunities to engage and interact with visitors throughout the morning of the inspection. People had developed good relationships with visitors and interactions were upbeat and positive.

Is the service responsive?

Our findings

People were very active in the local community; visiting local coffee shops, gigs, radio stations, bingo and other places of interest. Two people we spoke with confirmed how they enjoyed following their interests. They told us “I enjoy going out” and “I plan what I do, I decide”. People accessed the community daily and they told us even at the weekend they had planned outings. These activities reflected many people’s likes and interests which were recorded in their care plans.

Care files contained various pre assessments and information relating to people. These assessments were completed by various health professionals involved with the persons’ care. They contained detailed information relating to various aspects of the individual’s life and social circumstances.

Care was very person centred. Care plans contained important information that related to that person. Each care plan was different and individualised to that person. For example, one person enjoyed music and they enjoyed volunteering at a local radio station. Another person wished to remain independent with their shopping, cooking and cleaning. Whilst another person enjoyed walking and accessing the community. Staff we spoke with all confirmed this was important to these three people. Care plans reflected those peoples enjoyed activities and wishes. This meant care provided was centred on the individual’s choice.

People had regular reviews. These reviews ensured that people’s needs were being met. Key workers were responsible for these reviews and updating care plans when required. Key workers involved people and liaised with members of the clinical team, family and attended

meetings to discuss and identify changes to people’s needs. We saw a new progress and support plan which was being drafted. It included in depth details so that staff would be aware of how best to support this person. The manager also confirmed that regular meetings were held with external professionals for one person. Records confirmed these meetings. This meant the service was responsive to people’s needs and ensured they had access to the appropriate professionals so that their care needs were being met.

The manager confirmed they were in contact daily with residents and had regular review meetings with some relatives. All residents and most relatives felt able to discuss concerns, one relative did not feel able to express concerns. We asked the manager to contact this individual they confirmed they had followed this up.

The home had a complaints policy in place but had no overview of actions taken to resolve complaints. There was an easy read complaints version of this policy. All complaints were logged and dated but we saw no outcome of the actions taken to resolve the complaint. The manager confirmed action had been taken to address complaints but had not recorded these. Following our inspection they confirmed paperwork they planned to implement. All people who we spoke with felt confident they could raise a complaint should the need arise and confirmed they would go to the manager. We spoke with relatives regarding making a complaint. Two people confirmed they had no reason to complain. One person said they did not know how to make a complaint and wanted to speak to the manager. We informed the manager who took immediate action to contact this person. We fed back to the manager that by keeping a clear log of complaints and actions taken provided an open learning opportunity.

Is the service well-led?

Our findings

There were records which were duplicated and out of date. Records included peoples profile portraits, personal evacuation plans, risk assessments and fire plans. For example, profile portraits completed contained old pictures and had not been updated since 2008. This is important as if information was needed to be passed onto external agencies, such as the police, they would need to be able to accurately identify the individual.

People had more than one accessible personal evacuation plan. We found the fire folder held current and old personal evacuation plans. This meant staff had access to old records which could contain old no longer relevant information. Profile portraits were not being updated and evaluated. One profile portrait completed in 2008 had not been evaluated since 2011. An evaluation is important as it reviews the document still contains information that is relevant and up to date. The picture on this profile portrait was old and was difficult to identify the person to how they now looked. Weekly fire tests were undertaken and actions taken as required but files contained old and no longer relevant information relating to previous fire evacuation plans. This meant files contained a mixture of new and out of date information which posed a risk to people as staff had access to old and potentially out of date information and plans.

Some risk assessments for people had not been updated since they were originally completed in April 2014. We found two risk assessments had not been updated to reflect new risks, to the person's individual risk to themselves. We found the original risk assessments on file had not be reviewed or signed to confirm it was authenticated originally. This meant people were at risk of not receiving appropriate care and treatment due to inconsistent and inaccurate records.

We found that the registered provider had not protected people against the risk of poor inaccurate records. This was a breach of regulation 17(2)(c) of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We found audits completed did not identify areas of concern that we found on our inspection. For example, we found one area in the lounge where the wall paper was peeling from the wall. The area showed signs of damp and

discolouration. We reviewed the recent Health and Safety audit completed in June 2015 by the registered manager. The audit had failed to identify this issue. This audit also failed to identify issues specific to risks relating to infection control and the use of personal protective equipment by staff and soiled and contaminated laundry. We fed back our findings to the manager who confirmed their health and safety audit was due to be reviewed and they would ensure these areas were added to the audit tool and appropriate action would be taken.

There was a monthly medication audit in place. This identified areas relating to stock monitoring, staff practice and medication issues. Any issues identified from this audit were raised at team meetings with staff and we saw actions were taken.

All staff were aware of their responsibilities and accountabilities. Two staff we spoke with confirmed their additional responsibility and how they undertook these. They were responsible for undertaking checks and audits in relation to medication and checks in the home. For example, shift leaders confirmed they were responsible for ensuring staff had undertaken and signed the cleaning and home checks. Staff were responsible for ensuring areas of the home were cleaned, fridge and freezer checks completed, security checks on kitchen items and maintenance forms completed. We found not all forms had been completed and signed to confirm the completion of the tasks. There was no other system in place for the manager to check the completion of these forms and tasks. This meant systems in place were not always effective as shift leaders were not consistently undertaking the daily check and addressing incomplete forms with staff members.

The home had detailed logs of all incidents and accidents. There was a system in place to analyse all incidents and how many had occurred from one month to the next for each person. The manager confirmed how key workers used these and how it directed referrals and access to the clinical team and other professionals. This meant there was a system in place to log and analyse incidents and the home was taking appropriate action when required.

All staff we spoke with felt able to access and discuss any concerns they had with the manager. Staff felt there was adequate support available from the registered manager.

Is the service well-led?

Surveys were sent in February 2015 to people and relatives in order to gain their feedback about the service. Four people returned their surveys; of the four returned, all were happy with living at Victoria Court. There were also four surveys returned from relatives. They all said they were very satisfied with the service. There was no overall analysis of the surveys returned and no action had been taken regarding the comments received. We discussed this with the manager, they confirmed they would review this and collate responses and take necessary action.

There was a system in place to check the maintenance of equipment and services in the home. For example, water temperatures, fire tests, personal alarm checks, gas, electric checks and portable appliance checks had been carried out and were all in date. This meant the provider was ensuring the home was up to date with all their health and safety checks and certificates.

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 15 HSCA (RA) Regulations 2014 Premises and equipment

We found that the registered provider was not protecting people from the risk of infections. Staff did not always use personal protective equipment appropriately and the laundry arrangements were not inline the Department of Health's infection prevention and control and related guidance.

Regulation 15(2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered provider had not ensured the protection of people from unsafe or suitable care through robust recruitment procedures being in place.

Regulation 19(1)(a)(2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found that the registered provider had not protected people against the risk of duplicate and out of date records. Records we found to be out of date and inaccurate included people's profile portraits, personal evacuation plans, risk assessments and fire plans.

Regulation 17(2)(c)