

Mr David Austin

# Silverdale Residential Home

## Inspection report

Silverdale  
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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** ●

# Summary of findings

## Overall summary

Silverdale Residential Home provides accommodation and personal care for up to 8 people living with learning disabilities and/or mental health conditions. There were 8 people living in the service at the time of this unannounced comprehensive inspection of 11 October 2017.

There was a registered manager in place. 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 our last inspection of 27 August 2015 this service was rated as Good. At this inspection of 11 October 2017 we found that the service had not kept up to date with changes in the care industry and there were breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care records we reviewed for three people were detailed and guided staff on how their needs were assessed, planned for and met. However, the records for a fourth person did not have a recorded pre-admission assessment in place to show how the provider assessed their needs and were assured that they could meet them. In addition there was no care plan in place to show how this person's needs were met.

The provider's quality assurance systems in place were not robust enough to independently identify the shortfalls identified during this inspection. The service's policies and procedures were out of date and in need of updating to provide staff with guidance on how to care and support people safely. Staff told us that they spoke with people on a daily basis to gain feedback on the service provided. However, there was no system in place to formally gain the views of the service from people, relatives, stakeholders and staff.

The service was not up to date with the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). We were not assured that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. There were no policies in place relating to the MCA and DoLS.

Staff had not been trained to recognise potential and actual abuse or in the action they needed to take if they were concerned that a person was being abused.

There was limited training provided to staff and no records of supervision in place to show how they were supported in their role of meeting people's needs effectively. Staff spoken with did tell us that they felt supported and that due to the service being small they discussed any concerns daily. The service's induction processes for new staff was not robust enough to monitor and assess new starter's performance and training needs.

The service had identified that due to changes in people's needs and new people moving into the service,

further staff were being recruited. Recruitment of staff was done safely and checks were undertaken on staff to ensure they were fit to care for the people using the service.

There were systems in place to administer medicines safely and to maintain records relating to medicines management.

People were provided with the opportunity to participate in activities. People were treated with respect and compassion by the staff working in the service.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment. People were provided with enough to eat and drink.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

The systems in place to minimise risks to people and to keep them safe were not robust. Improvements were needed to ensure records and staff training support the safe care for people at all times.

People were provided with their medicines when they needed them.

Staff were available when people required assistance and support. The systems in place for the safe recruitment of staff checked that prospective staff were of good character and suitable to work in the service.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff were not fully trained and supervised to meet the needs of the people who used the service effectively.

The service was not up to date with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional needs were met and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

### Is the service caring?

**Requires Improvement** ●

The service not consistently caring.

Improvements were needed in how the service respected people's privacy.

People were treated with respect and their independence was promoted and respected.

People's choices were respected and listened to.

### **Is the service responsive?**

The service was not consistently responsive.

Three of the records reviewed to guide staff in how to meet people's needs were detailed. However, there was no care plan or needs assessment completed for one person whose records we reviewed.

People were provided with the opportunity to participate in activities.

There was a system in place to manage people's complaints.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well-led.

The quality assurance systems in place were not robust enough to independently recognise and address shortfalls in the service. The service had not kept updated with changes in the care industry and Regulation.

**Requires Improvement** ●

# Silverdale Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 unannounced comprehensive inspection took place 11 October 2017 and was undertaken by one inspector.

We reviewed information we had received about the service such as our last inspection report and notifications. This is information about important events which the provider is required to send us by law.

We spoke with five people who used the service. We observed the interaction between people who used the service and the staff.

We looked at records in relation to four people's care. We spoke with the deputy manager, one of the service's owners who also worked as a care staff member and two other care staff. We looked at records relating to the management of the service, one staff recruitment record, training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

At our last inspection of 27 August 2015 Safe was rated as Good. At this inspection of 11 October 2017 we found that Safe was now rated as Requires Improvement. This was because we could not be assured that the systems in place to keep people safe were robust.

The service had a policy and procedure in place relating to safeguarding, which identified the signs and indicators of abuse, but this had not been updated since 2003. There was no reference in this document or a policy and procedure relating to the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The service had the local authority guidance and policy, however this was dated 2004 and not the current policy and operations guidance dated 2015 to 2017. Staff told us that they understood how they should report concerns. Without up to date guidance in place the service could not be assured that people were appropriately protected.

The deputy manager and one of the service's owners told us that they had attended safeguarding training. However no other staff working in the service had received this training. One staff member told us that this subject had been covered in their National Vocational Qualification. However, this had been completed prior to our last inspection in 2015. In the staff office there was a list of actions that they should take if they were concerned that a person was being abused or was at risk of being abused, such as reporting this to the local authority safeguarding team, who were responsible for investigating abuse. The systems in place designed to protect people from abuse were not robust.

We reviewed the care records of three people, these included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risks associated with their mobility and going out in the community. However, a fourth person's care records did not hold any risks assessments. There was no care plan or pre admission assessment in place despite this person moving into the service in July 2017. One of the service's owners showed us a document from the placing authority which said that the person had been at risk of falls, this had not been properly assessed by this service and actions identified to guide staff how to minimise these risks. The person had not had a fall in the service since moving into the service. The deputy manager told us that they were waiting for information from the person's GP who had asked their previous GP for information relating to this person before they completed any care plans or risk assessments. Therefore the systems in place to assess risks to people were not robust.

We asked the deputy manager and one of the service's owners if there was a business continuity plan in place which identified actions that staff should take to ensure people were safe in case of an emergency, such as gas leak, electrical fault, flood or any other emergency. There was not one in place. They told us that there had been a time when the service had required evacuation due to the potential flood in the area of the service and they took guidance from the emergency services and the local authority. This meant that the systems to assess and reduce risks to people were not robust enough to provide guidance to staff in the actions they should take in an emergency.

These issues identified above were a breach of Regulation 12; Safe care and treatment of the Health and

People told us that they were safe living in the service and with the staff who cared for and supported them. One person said, "I am safe here, I don't have to worry about anything."

Risks to people injuring themselves or others were limited because equipment, including the hoist, and portable electrical equipment had been serviced and checked so they were fit for purpose and safe to use. Fire safety checks were undertaken and there were personal evacuation plans in place to guide staff of the support that people need should the service need evacuating in the event of a fire. In addition there were records which showed that fire drills and fire safety instruction were provided to staff.

People told us that they felt that there were enough staff to provide support when needed. One person said, "There is always somebody here if I need help." Staff told us that there were enough staff on shift to support people. We saw that staff were attentive to people's needs and provided any requests for assistance promptly.

One of the service's owners told us how the service was staffed each day. They listed the staff and the hours and days that they worked. This was confirmed in discussions with staff. However, this was not recorded on a rota. One of the owners and the deputy manager told us that there had been recent changes in the needs of people and two new people had moved in, and as a result they had recruited to one post and were actively recruiting to have another staff member to cover a shift. One of the service's owners told us that there was an interview booked for the day after our inspection. In the interim one of the existing staff was covering this shift until a new staff member was employed.

We reviewed the recruitment records of a staff member who had started working in the service since our last inspection. These records showed that checks were made to reduce the risks of employing staff who were not of good character and suitable to work with the people who used the service.

People told us that they were satisfied with the arrangements for their medicines administration. One person said, "I go the office for my pills. I think it is okay."

One staff member told us that they had undertaken medicines training and they were aware that refresher training was booked. We observed staff supporting people with their medicines. Staff provided this support safely and in a polite manner. One medicine had been dropped and we saw that appropriate action was taken to dispose of this and provide the person with another tablet. The deputy manager explained the process for ordering and disposing of medicines and records confirmed what we had been told.

Medicines administration records (MAR) were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time.

Monthly medicines checks were completed which showed that any shortfalls could be picked up. The deputy manager told us that they also checked that the MAR were completed appropriately by checking them when they were working.



## Is the service effective?

### Our findings

At our last inspection of 27 August 2015 Effective was rated as Good. At this inspection of 11 October 2017 we found that Effective was now Requires Improvement. This was because staff were not trained and supported to meet people's needs effectively and the service was not up to date with the Mental Capacity Act 2015.

The systems in place for training staff were not sufficient. Records and discussions with the deputy manager showed that some people living in the service were living with dementia. Staff had not been provided with training in this subject. The deputy manager told us that they had tried to source dementia training which was relevant to the people using the service, for example who also had a learning disability or other condition. They had printed information from the internet about dementia and downs syndrome relating to a person who had previously used the service and this was available for staff in the office and in their bedroom. However, another person had moved into the service in July 2017 who was living with dementia. One of the service's owners told us that they had discussed providing the training and the deputy manager said they had talked to other professionals. However, there was no date or evidence to show this training had been booked.

Moving and handling training was updated on a three yearly basis. This was out of date for staff, however, the deputy manager told us there were currently no people who required moving using mobility equipment. From discussions with staff and records we saw that one person was at risk of falls, another put themselves onto the floor and another held staff's arm when mobilising, so this training was relevant to the staff working in the service. This training had been booked for November 2017.

During the discussion relating to staffing levels with the deputy manager and one of the service's owners, they told us that a person was displaying behaviours that others may find challenging. There was no training provided to staff in how to support people with their behaviours. However, the deputy manager told us that a learning disability nurse was planned to attend the service the day after our inspection to deliver guidance to staff relating to the changes in a person's behaviours, which they were displaying and which may be challenging to others.

Only the deputy manager and one of the service's owners had received safeguarding training. Three staff had achieved a qualification for their role in which they were required to show an understanding of safeguarding. However, for the service to be assured that staff were knowledgeable about this subject they required training which was up to date.

Staff told us that they were provided with the training that they needed to do their job and meet people's needs. One staff member said that they had received training in food hygiene, moving and handling, Control of Substances Hazardous to Health (COSHH), medicines, moving and handling and first aid. This was confirmed in the training records we reviewed. Two staff's training records listed the training provided as an induction, medicines, moving and handling, first aid and food hygiene. There was no training provided on people's specific conditions such as learning disability and mental health conditions. The deputy manager told us that some people living in the service had had a specific mental health condition, but they had no

symptoms because their condition was managed by medicines. There was no training provided in this subject to give staff the knowledge and understanding of this condition and warning signs that they needed to be aware of in case their conditions changed. The deputy manager also told us that a person had recently been diagnosed with a health condition and a nurse who specialised in this subject was to visit the service in November 2017.

One of the service's owners told us that they received information about available training from a local organisation. However, they had not accessed any of these. The service used their own training provider.

The deputy manager told us how new staff were inducted into their role which included showing them around the service, meeting people and staff, instruction in the required ways of working and shadowing other staff. When they were comfortable and confident experienced staff shadowed the new staff. However, there were no records to support what we had been told, including when they had received instruction, when they had discussed the ways that they were working and feedback received and any improvements they needed to make. Their shadow shifts were also not assessed and there were no observations in place. The deputy manager told us that because they worked in the service they were aware of the support that each staff member required. We asked what training new care staff were given during their induction and one of the service's owners told us that they did not receive formal training in the first three months of their probation because they needed to ensure they were suitable for their role. New staff were not provided with the opportunity to undertake the care certificate. This is a recognised set of minimum standards that staff should be working to as part of their induction, which had been introduced in 2015. This showed that the service had not kept up to date with changes in the staff induction process and took action to implement them. The provider's own policies and procedures for staff induction referred to the previous induction standards not the current ones in place.

These issues identified above were a breach of Regulation 18; Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The deputy manager told us that one person was subject to an authorised DoLS, for which the service had not notified us of. They also told us that they had plans to complete DoLS applications for a further four people living in the service following information they had received from a GP and social worker due to these people requiring support of staff when they left the building. The service had failed to identify this independently and had not kept updated with changes in the law to ensure that people were not deprived of their liberty unlawfully. Because of the lack of knowledge relating to the MCA and DoLS we asked to look at the provider's policies and procedures. We found that they had been completed in 2003 and had not been reviewed. There was no policy or procedure in place relating to MCA and DoLS and this was not mentioned in other related policies, such as safeguarding. The service did have guidance in place from the local

authority relating to MCA and DoLS. The deputy manager and one of the service's owners told us that they had attended training in the MCA and DoLS. No other staff had received this training.

This was a breach of Regulation 11; Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the staff asked for their permission before providing any care. We saw that staff sought people's consent before they provided any support or care, such as where they wanted to spend their time in the service and if they required assistance with their personal care. Care records included documents which had been signed by people to consent to their care identified in their care plan and to have their photograph taken.

People told us that they were provided with choices of good quality food. One person said, "I like the food here." We saw that people's choices were respected in what they wanted to eat. A positive dining experience was created in the dining room during lunch. People sat where they wanted to and collected their own meals from the kitchen, which they had helped to prepare. Some people were able to make their own drinks when they wanted to and we saw them doing this. For those people not able to make their own drinks we saw staff regularly offering and encouraging them. The service had been awarded the highest rating from a local authority food hygiene inspection in July 2016.

People's records showed that there were systems in place to monitor if people had enough to eat and drink. Where issues had been identified guidance and support was sought from health professionals, including a dietician and GP. There were no people living in the service currently at risk of malnutrition and using the service of a dietitian. One person had been assessed for the risk of choking. The deputy manager told us how the service's staff had supported one person to lose weight, which was their choice and linked to their health. Records confirmed what we had been told. We saw this person speaking with staff about doing exercise in the community and where they could go.

People told us that they felt that their health needs were met and they were supported to see health professionals if needed. People's health needs were met and where they required the support of healthcare professionals, this was provided. The deputy manager told us that they had good relationships with the local GP and that there were two GPs assigned to this service. They regularly visited the service, approximately six weekly, undertook checks on people such as their medicines. If any appointments were required in between these visits they were made. Records showed that people were supported to have access to healthcare services and receive ongoing healthcare support.

Staff told us that they were supported in their role. One said that they worked well as a team and communicated well if there were any issues. Another staff member said, "We talk about things constantly, I feel supported." There were no records in place to show that staff were provided with regular one to one supervision meetings. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people. The deputy manager told us that because the service was small the staff team had discussions daily and any improvements needed were addressed at the time. However, the provider's own policies and procedures stated that staff were to be provided with one to one supervision meetings every other month. The deputy manager told us that the discussions mainly related to the care that people received and this would be recorded in people's records.

## Is the service caring?

### Our findings

At our last inspection of 27 August 2015 Caring was rated as Good. At this inspection of 11 October 2017 we found that Caring was Requires Improvement. This was because the service had not always ensured people's privacy.

People told us that they felt that their privacy was respected. However, the ground floor toilet door had two holes where previous locks had been. These could be looked into so compromising people's privacy. We asked the deputy manager and one of the service's owners what they intended to do about the door to ensure people's privacy. They said that all of the doors were being replaced and this one was due to be replaced within this programme of improvement. We pointed out the holes in the door which could be looked into and they said that they would do something about this and the holes had happened because the previous lock had broken. However, this was not addressed as soon as we had pointed it out.

People spoken with said that the staff were caring and treated them with respect. One person said, "I get on with everyone [staff]." Another person commented, "They [staff] are all nice." There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. There was lots of laughter and light hearted chatting and joking. We saw staff and a person talking about where the staff brought them in a coffee in the morning which was a usual routine. This showed that people were involved in what the staff did and showed them that they mattered. Staff talked about people in a caring and respectful way. Discussions between people showed that they knew each other well which contributed to their positive relationships.

People's views were listened to and their views were taken into account when their care was planned and reviewed. This included their choices and usual routines, such as the times of getting up in the morning, going to bed at night and their end of life choices. We saw people's choices being respected during our inspection for example, a person went out and they planned how they were going to have their meal, either before or after this. One person told us, "I think they [staff] listen to me." People were involved in the recruitment of staff, where they chose to be. This included people planning and asking applicants questions about their suitability for the role.

People told us how their independence was promoted and respected. One person said, "I do my own thing, I go out when I want to. If I need help I ask them [staff]." We saw them planning to go out independently. They chose the amount of money they wanted to take out and staff helped them to get this from their secured box and they signed the amount they had taken. People assisted in the preparation of lunch, such as cutting up vegetables. They collected their own meal from the kitchen and staff told us that each person washed up their own crockery and utensils. People were able to make their own drinks when they wanted them and made their own items such as sandwiches.

## Is the service responsive?

### Our findings

At our last inspection of 27 August 2015 Responsive was rated as Good. At this inspection of 11 October 2017 we found that Responsive was rated as Requires Improvement. This was because not all people using the service had care plans in place which showed how the service assessed, planned for and met people's needs.

The records of three people which we reviewed included detailed care plans which provided guidance for staff on how their assessed needs were planned for and met. This included information about their specific conditions and how these affected their daily living.

We looked at the care records for another person who had moved into the service in July 2017. There was no care plan, risk assessments or pre-admission assessment in place. One of the service's owners told us that the registered manager/provider and another of the owners had visited the person before they moved in to check that they could meet this person's needs. There was a document in place which had been provided to the service by the placing authority which stated that the person was newly diagnosed with dementia and was confused, had been treated for a urinary tract infection, required assistance with washing and dressing and was at high risk of falls. The deputy manager told us that they were waiting for the GP to receive information about this person before they did the care plan. The service had missed the opportunity to use information gained from the document we had seen and from the person and their relatives to commence a care plan and then review it when further information was received from the GP. It is the service's responsibility to ensure that this information is in place to minimise the risks of them receiving inappropriate care.

The deputy manager told us another person had been living in the service short term and they were awaiting information from their representative about if the person was to stay longer or move on. They had not completed a care plan for this person because they were not sure if they were staying or not.

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

Despite the issues we identified with regards to the care plans which had not been completed. We spoke with these two people who told us that they were happy with the service and that their needs were met. One person said, "It is lovely here, I am really happy, they [staff] look after me." Another person commented, "I am getting on well here."

People's daily records identified the care and support provided to people. The deputy manager told us that because the service was small, they were able to quickly identify changes in people's needs and take action, for example update care records and seek the support and guidance from other professionals involved in people's care.

People told us that there were social events that they could participate in. One person told us how they

enjoyed doing number puzzles and they showed us their book of puzzles. A staff member told us that the person was teaching them how to do them. The person also said that they had a pampering session and had a, "White one [face pack]." Two people told us that they could go on outings in the service's mini bus. They also said that they had been to the new pier on Felixstowe sea front, which was a short distance from the service. One person took some of their money to go for a drink at the local pub. We talked with them about what they were going to have to drink and they told us that they enjoyed going to the pub.

The deputy manager told us that they and people using the service had visited a café linked to another provider who supports people with learning disabilities. They said that they had gained ideas on improving people's abilities and using the community. They shared an example of how a person had gained voluntary employment in the community and we saw this person going out to their work. The deputy manager told us that they hired the pool at another provider's service each week to enable people to go swimming. We talked about a public swimming pool which was walking distance from the service and the activities they provide. The deputy manager told us the pool that they used was better because people had exclusive use of the pool when they hired it.

People told us that they knew how to make a complaint. One person said, "I would tell them [staff]," if they had any complaints. There was a complaints procedure in the service, however this needed reviewing and updated. It referred to a previous regulatory body prior to the Care Quality Commission. The deputy manager told us that there had been no complaints received about the service in the last 12 months.

## Is the service well-led?

### Our findings

At our last inspection of 27 August 2015 Well-led was rated as Good. At this inspection of 11 October 2017 we Well-led was rated Requires Improvement. This was because the systems in place for monitoring and assessing the service provision were not robust.

The provider's own quality assurance systems had not been effective enough to independently identify and address the shortfalls we identified in our inspection. The provider's own policies and procedures were out of date, dated 2003, and required reviewing and updating to reflect current best practice and legislation. These did not reflect the current practice in the service and the staff were not following the ones in place, for example when staff would receive supervision and gaining feedback about the service.

There were no quality questionnaires undertaken to gain the views of people, their relatives and stakeholders. We asked the deputy manager how they sought people's views about the service provided and they told us that they spoke with people on a daily basis and took prompt action if they were not happy with anything in the service. They also received verbal feedback from relatives and stakeholders and any received was acted on and recorded in people's individual records. The provider's own policies and procedures stated that they would write to stakeholders on an annual basis to gain their views of the service. There were no documented meetings for people who used the service which showed their collective decisions about the care they received. The deputy manager told us that discussions were held daily regarding people's choices and these were acted on straight away. Therefore the systems in place for gaining and acting on people's views were not robust enough and the service were not following their own policies.

There were no documented staff meetings. Staff and the deputy manager told us that they felt that working in the service was a supportive environment and that they could raise issues at any time and these were dealt with promptly. Because these were not recorded, we could not identify of where improvements had been made as a result of staff's comments and suggestions. One staff member said, "We work together as a team, it is like a family."

The service needed to be more proactive in finding out about changes in the industry and implementing improvements to ensure that they were moving with the times, up to date with best practice and guidance. This would assure them that people received care that was of a high quality and effective to meet their needs.

We spoke with one of the service's owners and the deputy manager about how the service had not kept up to date with changes in the care industry and not improved the service over time to ensure that they were meeting the fundamental standards which we inspect against. This included with training, the care certificate the service's policies and procedures, the Mental Capacity Act (2005) and ensuring all people had appropriate care records in place.

The service had failed to notify us of an authorised Deprivation of Liberty Safeguards (DoLS) for one person. This is required by law. We had received a notification regarding the death of a person the year before our

inspection.

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

We saw that there was work being done to repaint the outside of the service. The deputy manager also told us that the fire doors in the service were being replaced starting from the top of the house and working down. We asked if this was a result of a fire safety visits and they told us it was just because it needed doing because one door was not shutting properly and the provider had decided to replace all of them. There were also plans in place to redecorate inside the service.



This section is primarily information for the provider

## Action we have told the provider to take

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

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider was not up to date with the Mental Capacity Act 2005. Regulation 11 (1) (2) (3).</p>  |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use the service are not provided with safe care at all times. The systems in place to reduce the risks of people being abused were not robust. Not all of the people using the service had risk assessments in place to guide staff how the risks in their daily living were minimised. Risks in the service and to people and others were not fully assessed and actions in place to mitigate the risks. Regulation 12 (1) (2) (a) (b) (c).</p> |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems for good governance were not robust. The quality assurance systems in place were not robust enough to independently identify and address shortfalls. There was no formal and recorded system in place to gain feedback about the service and act on feedback. Not all of the people using the service had care records in place which showed how their needs were planned for and met. Regulation 17 (1) (2) (a) (b) (c) (e) (f).</p>        |

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>People using the service were supported and cared for by staff who were not trained and supported to meet their assessed needs. Regulation 18 (1) (2) (a).</p> |