

Mrs P J May

# Sarah Anne Residential Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Inadequate 

### Overall summary

Sarah Anne Residential Home is a care home that provides accommodation for up to 13 adults. The home is a four storey building and accommodation is provided over three floors. Access to upper floors is via a staircase or passenger lift. The service is situated close to a railway station in Blundellsands, Merseyside.

There was a registered manager at the service at the time of our inspection. 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.

The registered manager told us they had managed and owned the home for 29 years. The manager was described as ‘approachable’ and people who lived at the home told us they felt able to discuss any concerns they had with them.

# Summary of findings

Care staff told us they were confident about recognising and reporting suspected abuse and during discussions with the registered manager they told us they were aware of their responsibilities to report abuse to relevant agencies. However, there was no adult safeguarding policy available for us to view at the time of the inspection.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff referred to outside professionals promptly for advice and support. A visiting health professional gave us very good feedback about the service and told us they thought the standard of care was good.

Care was not well planned and records relating to the care and treatment provided to people were poor. People's needs had not been appropriately assessed before they were admitted to the home. Care plans we viewed did not provide sufficiently detailed information/guidance on how to meet people's needs. Risk assessments were not being carried out appropriately. Those we viewed were basic and inaccurate and there were no corresponding care plans in place to show how risks were managed/mitigated. Other records about people's care were poor and failed to demonstrate the care provided. The manager told us they were working alongside the commissioners of the service to improve the records they made about people's care and support.

We checked a sample of medication in stock against medication administration records. Our findings indicated that people had been administered their medicines as prescribed. However, some medication practices required improvement. This included: the way in which medicines were stored and the way in which records were maintained.

The manager was able to tell us how they would ensure a decision was made in a person's best interests if it was deemed that the person did not have the mental capacity to make a specific decision. At the time of our inspection the manager advised us that nobody living at the home lacked the mental capacity to make the decisions required of them. Some members of the staff team had been provided with training in the Mental Capacity Act but this had not been provided to all staff.

During the course of our visit staff supported people in a warm and a caring way. People who lived at the home and a visiting relative gave us positive feedback about the staff team.

There were sufficient numbers of staff on duty to meet people's needs. This was reported to us by people who lived at the home, members of the staff team and a visiting relative.

The turnover of staff was low and most staff had worked at the home for a number of years. We were therefore not able to assess the way in which staff were recruited currently. We did however see some shortfalls in the recruitment of the newest member of staff who was employed at the home over 12 months ago.

Staff told us they felt sufficiently trained and experienced to carry out their roles and responsibilities. However, we found some gaps in staff training as some staff had not been provided with updated/refresher training. Staff told us they felt well supported in their work. However, we found staff were not being provided with regular formal supervision or appraisal and team meetings were not taking place on a regular basis.

The premises were warm, comfortable and homely. The provider was able to demonstrate that a number of checks were being carried out on the home environment. However, some of the records of these checks were not sufficiently detailed.

People told us they felt the home was clean and most areas we viewed were appropriately clean and tidy. Staff had been provided with infection control training and we saw them follow infection control practices. Staff training records however, showed that some staff had not had up to date training in infection control.

The home is a four storey detached house and there were steps to access the premises both at the front and the side. There was no ramped access for people who use wheelchairs to access the building. The provider had obtained a specialised chair to assist people to gain access via the front steps. A passenger lift was available for people to access rooms on the upper floors.

Records relating to the needs of the people who lived at the home and the running of the business were not maintained appropriately. The provider was not able to clearly demonstrate the care provided to people who

# Summary of findings

lived at the home and to evidence that risks to people's welfare and safety were being mitigated. Many of the records we saw relating to the running of the home were poorly maintained and not fit for purpose.

The provider did not have effective systems in place to regularly check on the quality of the service. There were no quality audits carried out and the views of people who lived at the home and their relatives had not been sought for some time.

You can see what actions we have told the provider to take at the end 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.

Care staff told us they were confident about recognising and reporting suspected abuse. Staff had been provided with training in safeguarding but there was no adult safeguarding policy available to provide guidance to staff.

People had been administered their medicines as prescribed. However, the procedures for storing, recording and administering medication were not always being carried out in line with relevant guidance.

There were sufficient numbers of staff on duty to meet people's needs in a timely way.

The home was generally clean and safe but there were some areas which required action.

Requires improvement



### Is the service effective?

The service was not always effective.

Staff told us they felt appropriately trained, skilled and supported. However, we found that they were not always being provided with up to date training and there were no systems in place to formally supervise and appraise staff.

Aids and adaptations were in place to meet people's needs and promote their independence. However, there was limited access into the home for physically disabled people.

The manager told us they would work alongside family members and relevant professionals in making decisions in people's best interests if this was required. Not all staff understood the principles of the Mental Capacity Act and they had not been provided with relevant training in this.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff referred to healthcare professionals for advice and support as required.

Requires improvement



### Is the service caring?

The service was caring.

People who lived at the home gave us positive feedback about the staff who supported them. A relative gave us good feedback about the staff team and told us that the manager was approachable if they had any concerns about the care provided.

We saw that staff were caring towards people and they treated people with warmth and respect.

Good



# Summary of findings

## Is the service responsive?

The service was not always responsive.

Each of the people who lived at the home had a care plan. However, we found these failed to detail people's needs appropriately.

The home's complaints procedure had not been reviewed and updated for a number of years and it included out of date information about the handling of complaints. There was no complaints procedure on display to inform people of how to make a complaint.

**Requires improvement**



## Is the service well-led?

The service was not well-led

There were no effective systems in place to check on the quality of the service and drive improvement. The shortfalls we identified during the inspection had not been picked up by the provider.

Records were not maintained appropriately to demonstrate the care provided to people who lived at the home and to evidence that risks to people's welfare and safety were being mitigated. Other records relating to the running of the home were poorly maintained and not fit for purpose.

**Inadequate**



# Sarah Anne 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.

The inspection was carried out on 25 June 2015 and was unannounced. The inspection team consisted of two adult social care inspectors.

We reviewed the information we held about the service before we carried out the visit. This usually includes a review of the Provider Information Return (PIR). However, we had not requested the provider submit a PIR. The PIR 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 looked at the notifications the Care Quality Commission had received about the service.

We received information about the home from one of the commissioners of the service prior to carrying out the inspection.

During the inspection visit we spoke with seven people who lived at the home and a visiting relative. We also spoke with two care staff, a senior carer and the registered manager.

We viewed a range of records including: the care records for three people who lived at the home, staff files, records relating the running of the home and a number of policies and procedures.

We carried out a tour of the premises and this included viewing communal areas such as the lounge, dining room and communal bathrooms. We viewed a sample of bedrooms and we also viewed the kitchen and laundry facilities.

# Is the service safe?

## Our findings

People who lived at the home told us they felt safe. People's comments included: "Yes I feel as safe as I would anywhere", "I've never had any reason not to feel safe" and "I feel perfectly safe here."

We looked at how medication was managed. Medicines were in good supply and the vast majority of medicines were maintained in a pre-packed monitored dosage system. Our findings indicated that people had been administered their medicines as prescribed. However, we found some medication practices were not being carried out in line with current best practice. We found a number of shortfalls including: The medication administration records (MAR) showed some missing signatures and there were no sample signatures to identify staff. Missing signatures means that it is not possible to tell if people had received their medication as prescribed. Medication was stored in a locked cupboard but there was no lock on the door of the room where medicines were stored. The temperature of the room where medications were stored was not being monitored. Medicines may not work properly if they are not stored in the correct way. There was a fridge available for storing medicines which needed to be kept at low temperatures, however the kitchen fridge was being used to store such medicines. A controlled drug was not being stored in line with the controlled drugs regulations as it was not being secured securely or documented in a controlled drugs register. The manager told us that all staff had completed medicines training but they were not able to evidence this. The manager told us that competency checks were carried out on staff administering medicines but we saw no recorded evidence of this.

### **Failure to ensure the proper and safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We looked at how staff were recruited to the home. In order to do this we viewed the personnel file for the newest member of staff. Their recruitment was carried out 15 months ago. We found two written references were on file but both of these had been hand written and there was no evidence that they had been verified. The records also indicated that only part of a Disclosure and Barring Service (DBS) check had been carried out for the person. A DBS check consists of a check to see if a person has been placed

on a list for people who are barred from working with vulnerable adults and a criminal records check. The person's file only included confirmation that a check on the barred list had been carried out as there was no written evidence that a criminal records check had been carried out. The manager told us a criminal records check had been carried out but they were not able to provide confirmation of this. Criminal disclosure and barring checks assist employers to make safer decisions about the recruitment of staff.

### **Failure to carry out appropriate pre-employment checks is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We spoke with care staff about safeguarding and the steps they would take if they witnessed abuse. Staff gave us appropriate responses and told us they would report any incidents to the manager. The manager was able to provide us with an overview of the action they would take in the event of an allegation of abuse, this included informing relevant authorities such as the local authority safeguarding team, the police and the Care Quality Commission (CQC). We looked at the provider's internal policies and procedures. We saw that a policy on 'whistleblowing' was in place but there was no policy available on safeguarding vulnerable adults. A safeguarding policy and procedure is required to inform staff of the actions to take in the event of an allegation of abuse. It can also be used by the provider to identify what they have in place to prevent abuse from occurring and to detail information about the types of abuse people may experience.

People who lived at the home and care staff told us there were sufficient numbers of staff on duty to meet people's needs. At the time of the inspection there were 11 people residing at the home. The registered manager, a senior carer and two carers were on duty. A volunteer also worked at the home to make refreshments for people throughout the day. The registered manager advised that this was the usual staffing levels. However, there were no staff rotas available for us to confirm this as rotas were not being maintained. The manager told us this was because care staff had a set routine every week and the staffing levels remained stable. An accurate record of staff on duty is required for staff planning and accountability purposes.

## Is the service safe?

People told us they felt the home was well maintained, clean and hygienic. One person said “My room is always spotless.” We found that all areas of the home were clean and tidy with the exception of one communal bathroom. Care staff were responsible for cleaning duties and they told us they had time for this and that they had been provided with training in infection control. Staff training records showed that some staff required refresher training in this. Staff also told us they had the personal protective equipment they needed to carry out appropriate infection control practices and we saw examples of staff following the correct procedures during the course of our visit. We saw a cleaning schedule was in place but the way in which this was recorded was basic. We found some cleaning materials were not being stored securely in line with the control of hazardous substances regulations.

Checks were being carried out on the home environment, but it was not always clear from the records maintained about these what the checks had involved, and if any shortfalls had been identified and acted upon. For example, water temperature checks were carried out weekly but the records did not include details as to which areas of the home had been checked. A legionella risk

assessment was in place but this did not include arrangement to check shower heads or to ensure empty bedrooms water supplies were checked. A monthly environment assessment was carried out. However, the way in which this was documented meant it was difficult to establish the detail of the checks. For example it included a check on the passenger lift, wheelchairs, call bells, fire exits, bedrooms and bathrooms but there was no detail about what the checks covered or the outcome of the checks. We saw up to date certificates for matters such as: Fire safety, electrical safety and gas safety. We also saw that regular fire safety checks such as checks on the fire alarm and emergency lighting tests had recently been carried out and fire instruction had been provided to staff in January and May of this year.

During our tour of the premises we found the home was generally appropriately maintained. The premises were homely and domestic in feel and people had been supported to personalise their bedrooms. We did however identify a number of shortfalls, including a lack of window restrictors to upper floor windows and a fire exit was blocked by an armchair. The provider agreed to take immediate action to address these.

# Is the service effective?

## Our findings

People who lived at the home told us they felt staff had the skills and experience to support them effectively. People told us they knew staff well as most staff had worked at the home for many years. People's comments included: "Oh yes they seem to know what they're doing" and "They're very nice I can't fault them."

Staff told us they felt sufficiently trained and experienced to meet people's needs and to carry out their roles and responsibilities. We viewed a sample of staff files. These included staff training records and training certificates. This information showed us that staff had been provided with training in a range of topics such as: safeguarding vulnerable adults, first aid, fire safety, infection control, health and safety, food hygiene and moving and handling. However, training certificates on staff files showed that some of the training had been carried out a number of years ago as some were dated as far back as 2007. The training matrix indicated that some more recent training had been provided but we saw no other evidence to support this.

Staff told us they worked effectively as a team. They said team work was good and communication across the home was good. Staff told us they felt well supported in their role and that they received occasional supervision and appraisal. However, there were no records on staff files to support this. Staff also told us they attended occasional team meetings but there were also no records to confirm that any staff meetings had taken place.

### **Failure to ensure staff are appropriately supported to carry out their roles and responsibilities is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People who lived at the home were supported to maintain their health. People told us that the care provided at the home was good and that staff responded quickly if they were feeling unwell and sought medical attention for them promptly. We spoke with a visiting healthcare professional who visited the home on a regular basis. They gave us good feedback about the service and told us: "I think it is lovely", "The staff genuinely care and know the residents and their families well" and "I have no concerns at all."

We spoke with the manager about how they supported people to make decisions when there was a concern about

their mental capacity to do so. The manager advised that nobody living at the home lacked the mental capacity to make their own decisions. They told us that if there was they would refer for specialist advice to support the person. The manager had attended training on the Mental Capacity Act 2005. Care staff we spoke with were not familiar with the principles of the Mental Capacity Act and how this may impact on the people they supported. Many of the care staff had not been provided with training on mental capacity. There was nobody living at the home who was subject to a Deprivation of Liberty Safeguard (DoLS). The Deprivation of Liberty Safeguards [DoLS] is a part of the Mental Capacity Act (2005) that aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

We asked people who lived at the home if they were making choices about their routines. People's feedback was mixed. Some people told us they were but others felt they would like more choice and control over their daily routine. One person told us they did not choose when to go to bed or when to get up, they said staff woke them each morning and encouraged them to go to bed at 8pm. We asked staff to tell us how they sought consent from people who lived at the home. They told us they asked people's permission before supporting them with tasks. They told us they knew people well and their different ways of communicating. One member of staff told us "We get to know people and what they want as it's only a small home" and "You get to know what people want, for one person facial expressions are used as they have difficulty communicating."

People who lived at the home generally told us the food was good. People's comments included "Yes it's lovely I enjoy my meals", "I couldn't fault it" and "It's alright." During the course of our inspection the registered manager was preparing and cooking the meals. The meals we saw provided to people looked well-presented and appetising and the majority of people we spoke with told us they enjoyed them. Meals were made from fresh produce and home cooked food was provided. We asked people we spoke with if they knew what was for lunch and tea and people said they did not. People said they thought they would be given a choice of meals if they did not want the main meal of the day. One person told us that nobody had ever asked them what they would like to see on the menu or what their preferences were. Staff told us people would

## Is the service effective?

always be given a choice of food if they did not like the main meal and that they knew what people liked and did not like. Best practice would be to consult with people to develop a menu based around people's choice, likes and dislikes and to advertise this and give people the option of choosing an alternative meal.

**We recommend that the service considers best practice guidance on supporting people to have greater choice and control about the service they receive.**

The home is a converted four storey detached house. There was no access for people who used wheelchairs, as access was only via steps to the front or side of the premises and there was no ramp available. The provider had obtained a specialised chair to assist people who had difficulties with their mobility to access the premises via the front steps. A passenger lift was available for people to access rooms on the first and second floor. People were supported to use aids and adaptations to assist them in moving around the home and to promote their independence.

# Is the service caring?

## Our findings

People who lived at the home gave us good feedback about staff. People told us the manager and senior carer were caring and approachable. Their comments included: “You can’t fault them, they are all lovely”, “When I’m down they are always there to pick me up”, “They are very nice, kind” and “Most staff are lovely.”

A relative told us they felt the care staff were good and caring. They told us their family member was well cared for and that they had no concerns about the quality of care provided by the care staff.

The home was welcoming and the manager and staff were friendly. One member of staff described the home as “Like a family home.” All staff we spoke with told us they felt the standard of care was very good and that they enjoyed their work.

The home was fully staffed and the staff team was very stable with many staff having worked in the home for a number of years. The manager and staff knew people well and were able to explain people’s individual likes and preferences.

Staff spoke about the people they supported in a caring way and they told us they cared about people’s wellbeing.

Care staff we spoke with told us they were clear about their roles and responsibilities to promote people’s independence and respect their choice, privacy and dignity. They were able to explain how they did this. For example, when supporting people with personal care they ensured people’s privacy was maintained by making sure doors and curtains were closed and by speaking to people throughout, by asking people’s permission and by explaining the care they were providing.

We observed the care provided by staff in order to try to understand people’s experiences of care and to help us make judgements about this aspect of the service. We saw that staff were warm and respectful in their interactions with people. Staff were not rushed and took their time in supporting people and they spent time sitting and talking with people in the main lounge.

People were encouraged and supported to use aids and to be independent in moving around the home.

People looked comfortable and they had been well supported with their personal appearance. People told us they had been asked when they preferred to have assistance to have a bath or shower if they required support with this.

# Is the service responsive?

## Our findings

People who lived at the home told us they would feel confident to raise any concerns with staff if they had reason to. They felt they would be listened to.

People who lived at the home and a relative we spoke with told us staff responded quickly if they or their relative was unwell or needed to attend a health appointment.

Care was not planned appropriately. We viewed the care plans for three people who lived at the home. The care plans contained minimal information about people's needs and we found some of the information to be inaccurate. Some sections of people's care plan were blank. For some people there was no information on important matters such as their risk of falls or the support they required with a particular aspect of their health. We saw some examples whereby risks to people's safety had been assessed but the assessments had not been completed accurately and there was no associated guidance on how to manage risks incorporated into people's care plans. The poor quality of care planning had been reported to us as a concern by a health and social care professional who had tried to track the care and support provided to one of the people who lived at the home as part of a safeguarding investigation.

We found little evidence that people had been involved in developing their care plan or that they had consented to the care provided. Staff were able to tell us about people's care needs and they told us they knew people well because they had supported them for a long time. However, people are at risk of not receiving the care and support they need if their care is not planned effectively.

**Failure to ensure care is planned effectively is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The home's complaints procedure had not been reviewed and updated for a number of years and it included out of date information about the handling of complaints. There was also no complaints procedure on display to inform people of how to make a complaint. There was no complaints log. The manager said this was because they had not received any complaints about the home.

**Not having an effective system in place for receiving and acting on complaints is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We asked people to tell us about activities taking place. People told us there were not many activities and that they watched television a lot as it was "Always on" in the lounge. During the course of our inspection we did not see any activities taking place. The television was on throughout in the main lounge and some people were reading the newspaper. Staff told us there were a number of activities provided such as; pamper sessions, music, films, bingo, games and a singer visited on a monthly basis.

**We recommend that the service consider best practice guidance on providing meaningful activities for older people.**

The service worked well with other agencies to make sure people received the care and support they needed. We heard that staff referred to a range of health care professionals for specialist advice and support to ensure people's needs were appropriately met. For example, people had been referred for nutritional advice and support if they started to experience weight loss. However, this information was not always clearly documented in the records maintained about people's care.

# Is the service well-led?

## Our findings

We found that the home was providing a good service with regards to providing people with a warm, comfortable, homely environment. The food was fresh, wholesome and home cooked, the turnover of staff was low and staff felt well supported in their work. People's feedback about the home, which included feedback from people who lived at the home, staff, a relative and a visiting health professional was in the main very positive.

Comments we received from people who lived at the home included: "It's nice", "I find it fine" and "They do their best I can't really complain about anything." Comments from staff included: "I absolutely love it", "There's a homely feel" and "It's good to work here." Staff described the home as being like a "Big family." They told us they felt happy to raise any concerns and they would do so with the manager. They told us the home had "Good staff, good management and good support", and that the home was "Family run, not institutionalised" and the manager was "Open to discuss issues".

However, we found that many of the formal systems required to support a good and well-led service were either not in place or the provider was not able to demonstrate that they were in place.

There were no formal systems in place for assessing and monitoring the quality of the service and making improvements. We found that areas of practice such as care planning, the management of medicines, staff supervision and training were not being assessed and monitored. We have reported on shortfalls in these areas under the other domains of safe, effective, and responsive. The health, safety and welfare of people who use the service is at risk of being compromised if the provider does not have appropriate checks in place to assess and monitor the service, to identify risks and to have appropriate plans in place to manage risks.

There were no formal systems in place for consulting with people and obtaining their views about the quality of the service. 'Resident's' meetings were not held on a regular basis. The manager told us they did hold occasional meetings but they did not maintain a record of these. Surveys had last been given to people who lived at the home and relatives for their feedback about the service in 2013.

### **Failure to assess and monitor the quality of the service and to identify and manage risks relating to health and welfare of people who used the service is a breach of Regulation 17 Health and Social Care Act 2008(Regulated Activities) 2014.**

Records were not maintained appropriately. The provider was therefore not able to demonstrate the care provided to people who lived at the home and to evidence that risks to people's welfare and safety were being mitigated. Other records relating to the running of the home were poorly maintained or not fit for purpose. For example the records relating to checks on the environment, staff recruitment records, records of staff supervisions and appraisals, records of meetings with staff and meetings with people who lived at the home and staff rosters were not being kept.

We looked at a number of policies and procedures which are in place to guide staff in important aspects of their work. We found many of the policies and procedures had not been reviewed and they contained inaccurate or out of date information. For example the moving and handling policy provided guidance for staff on how to lift people. This is inappropriate and is not in line with current moving and handling regulations. We saw no evidence that staff were lifting people but they should be provided with the correct information and guidance they need to carry out their role effectively and safely. The Health and safety policy was very brief stating staff were responsible to ensure safety. The fire risk assessment was brief. It contained only basic tick box statements and it was last reviewed in August 2013. The physical restraint policy, did not include reference to the Mental Capacity Act and Deprivation of Liberty Safeguards guidance. The medication policy did not cover what to do in the event of a drug error. No safeguarding policy was available for us to view.

The provider has been given requirements in the past to improve their records and at the last inspection we saw evidence that they had started to improve in this area. However, it was evident at this inspection that the improvements they had made have not been continued or maintained.

### **Failure to maintain complete and accurate records about the care and treatment provided to people who**

## Is the service well-led?

**live at the home and other records related to the running of the service is a breach of Regulation 17 Health and Social Care Act 2008(Regulated Activities) 2014.**

During the course of our inspection we found that the provider had failed to notify the Care Quality Commission about a number of notifiable incidents. These are incidents such as the death of a person who uses the service or when a safeguarding concern has been raised.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

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

The registered person had not made suitable arrangements to ensure the proper and safe management of medicines. Regulation 12 (2)(g).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person had not made suitable arrangements to ensure staff were appropriately supported in their roles and responsibilities. Regulation 18 (2)(a).

### 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 person could not demonstrate that they had carried out appropriate staff recruitment procedures. Regulation 19 (3).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person had not taken proper steps to ensure that each person who used the service was protected against receiving care or treatment that is inappropriate through the effective planning of care. Regulation 9 (3) (a)(b).

### Regulated activity

### Regulation

This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The registered person did not have an effective system in place for receiving and handling complaints made by people who used the service or persons acting on their behalf. Regulation 16 (2).

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not fully assess, monitor and mitigate risks to people who used the service. The registered person did not have a formal system in place to regularly assess and monitor the quality of the service provided. People's feedback about the service was not sought. Regulation 17 (2)(a)(b)(e).

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had failed to maintain accurate and complete records about the care provided to people and other records relating to the management of the regulated activity. Regulation 17(2)(c)(d).