

Careline Lifestyles UK Limited Wilkinson Park

Inspection report

Harbottle.
Morpeth.
Northumberland
NE65 7DP
Tel:01669 650265

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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?

Requires Improvement



Is the service well-led?

Good



Overall summary

This inspection took place on 31 March and 1 April 2015 and was announced. A previous inspection undertaken in September 2013 found there were no breaches of legal requirements.

Wilkinson Park is registered to provide accommodation, personal care and support for up to 21 adults with learning difficulties. The home is subdivided into a main house and semi-independent living area and two cottages attached to the home, where people also live on a semi-independent basis.

The home had a registered manager who had been registered with the Care Quality Commission since

February 2014. A registered manager is a person who has registered with the 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 provider had in place a safeguarding policy and had dealt with recent safeguarding issues appropriately. Staff were aware of safeguarding issues, had undertaken training in this area and told us they would report any concerns of potential abuse. We found some issues with the maintenance of the premises. We noted window

Summary of findings

restrictors had not been fitted to upper floor windows, although this had been highlighted in a manager's review report and an action requested by the fire service in January 2014 had not been completed. Action was taken during our inspection by the provider to deal with these issues. Medicines at the home were dealt with safely and appropriately.

Appropriate staffing levels were maintained to support the developing needs of people living at the home. Proper recruitment procedures and checks were in place to ensure staff employed at the home had the relevant skills and experience to support people. Staff told us they had access to a range of training and had completed a detailed induction programme before starting work at the home. They told us, and records confirmed they had regular supervision sessions and an annual appraisal.

People told us they enjoyed the food and drink at the home and said it had improved recently with the appointment of a trained cook. People told us they were also able to go shopping and cook their own food when they lived in the semi-independent accommodation.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The registered manager confirmed that appropriate assessments and applications had been made, where people met the criteria laid down in the DoLS guidance. She told us a number of people had been assessed and she was awaiting final decisions as to whether DoLS legislation applied to their circumstances. Staff were aware of the need for best interests meetings to take place where decisions needed to be made and people did not have capacity to make their own decisions.

We found the decoration in communal areas was in need of updating. The registered manager told us there was a planned programme to refresh the home over the next few months.

People told us they were happy with the care provided. We observed staff treated people with kindness and respect. They showed a genuine interest in them as individuals, asking people what they were planning to do and discussing interests with them such as a forthcoming birthday party and recent football results. People had access to health care professionals to help maintain their wellbeing. Professionals told us the service and support provided was generally good, although felt people would benefit from staff having additional skills in some areas. People said their dignity was respected and staff knocked on doors or valued their privacy.

People had individualised care plans that addressed their identified needs. However, we found that reviews of care plans were not detailed and did not always reflect the current situation with some people who lived at the home. People talked enthusiastically about activities they participated in. They told us they were part of local indoor bowls teams, went fishing and enjoyed breeding budgies at the home. Some people told us they would like some additional activities that stretched them more, such as formal qualifications. There had been no formal complaints in the last year and internal complaints were addressed appropriately.

The registered manager showed us records confirming regular checks and audits were carried out at the home. Staff were positive about the leadership of the home and felt well supported by management. People and staff all talked about the positive atmosphere at the home and how they enjoyed working and being there. People who used the service told us they valued the support they received from staff.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to premises and equipment and good governance. You can see what action we told the provider to take at the back 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.

We found some issues with the premises. A recommendation by the fire service in January 2014 for work to be undertaken had still not been completed. We found there were no window restrictors on upper floor windows.

Risk assessments had been undertaken in relation to people's individual needs and the wider environment. Care plans reflected risks related to people's particular needs.

The provider had dealt appropriately with recent safeguarding issues and staff had undertaken training on safeguarding and recognising potential abuse. Proper recruitment processes were in place to ensure appropriately experienced staff worked at the home.

Requires Improvement



Is the service effective?

The service was effective.

Staff told us and records confirmed a range of training had been provided and regular supervision and annual appraisals took place.

Staff promoted choice and understood the concept of best interests decisions and the provisions of the Mental Capacity Act (2005). The registered manager confirmed that appropriate processes had been followed in relation to Deprivation of Liberty Safeguards applications.

People told us they had access to a range of food and drinks. Some areas of the home required redecoration and the registered manager told us a programme of refurbishment was planned.

Good



Is the service caring?

The service was caring.

People told us they were happy with the care they received. We observed staff supported people in their individual pursuits and to remain as independent as possible.

Staff followed advice from a range of professionals to help maintain people's wellbeing. People had access to advocates and other independent support and advice.

Care was provided whilst maintaining people's dignity and respecting their right to privacy.

Good



Is the service responsive?

The service was not always responsive.

Requires Improvement



Summary of findings

We found care plans contained good detail of how people should be supported. However, reviews of care plans were not always detailed and did not always reflect the current support required by people.

There were a range of activities available for people taking place both in the home and in the local community. People were members of local groups and said they felt part of the community.

The registered manager told us there had been no formal complaints in the last 12 months. People were regularly asked their views about the service through the use of questionnaires and through meetings at the home.

Is the service well-led?

The service was well led.

A range of checks and audits were undertaken to ensure people's care and the environment of the home were effectively monitored.

Staff talked positively about the support they received from the registered manager. People and staff talked about the supportive atmosphere at the home and praised the staff for their understanding.

Regular staff meetings took place and staff told us that management listened to and acted on their suggestions.

Good



Wilkinson Park

Detailed findings

Background to this inspection

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

This inspection took place on 31 March and 1 April 2015 and was unannounced.

The inspection team consisted of an adult social care inspector and a Specialist Advisor (SPA) who had experience of working with behaviour that may be considered challenging.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to help plan the inspection.

We spoke with six people who used the service to obtain their views on the care and support they received. We talked with the registered manager, the registered provider's quality assurance manager, three support workers, an administrative manager and a cook. Additionally, we conducted telephone interviews with a clinical psychologist, three care managers and a practice nurse. We received written feedback from a consultant psychiatrist.

We observed care and support being delivered in communal areas including lounges, a college room where people attended learning sessions and dining room areas. We looked in the kitchen areas, the laundry, bath/ shower rooms, toilet areas and checked people's individual accommodation; this was carried out with people's permission. We reviewed a range of documents and records including; five care records for people who used the service, seven medicine administration records, five records of staff employed at the home, complaints records, accidents and incident records, minutes of staff meetings, minutes of meetings with people who used the service and a range of other quality audits and management records.

Is the service safe?

Our findings

We noted there were no window restrictors fitted to the windows on the upper floor of the home. We were able to open wide several of the windows that opened on to immediate drops. We spoke to the registered manager about this. She said the issues had been highlighted with the provider's estates department, but they had not yet completed the work. We saw copies of manager audits dated January 2015 which highlighted the problem. We also saw a copy of a fire assessment report dated 10 January 2014. We noted one recommendation was for a fire door to be fitted to a storage area to improve the safety of a person's room located nearby. We saw this work had still not been carried out. The manager showed us copies of emails raising it with the estates department. This meant that appropriate safety measure to protect people who lived at the home were not in place. We reported our findings to an inspector from the local authority Public Safety Team, who arranged to visit the home and carry out his own inspection of the premises. We saw a new fire door was being fitted on the second day of our inspection.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 15(1)(e). Premises and Equipment. You can see the action we have asked the provider to take at the end of the report.

The provider had in place a safeguarding policy and the registered manager spoke with us about recent safeguarding events that had occurred at the home. We saw these issues had been dealt with appropriately, that the appropriate authorities had been informed and, where necessary, investigation undertaken. Anything arising from the safeguarding issues had been discussed with people and their care managers and changes made to care, if required.

Staff we spoke with told us they had completed training in relation to safeguarding and were aware of the potential forms of abuse they should be observant for. There were able to describe the action they would take if they had any concerns about people's care, and this was in line with the home's policy. People who lived at the home told us they felt safe living there and comfortable with the staff. One person told us, "I get on really well with the staff. They are very supportive."

The registered manager told us risks were considered in relation to each individual person, and we saw care plans contained a range of risk assessments related to various activities and people's specific health conditions, such as epilepsy. We saw one person was going out to a family event and a detailed risk assessment had been undertaken to ensure they were safe during the visit. Each person living at the home had a detailed personal evacuation plan, which had comprehensive details about any issues related to them vacating the home in the event of a fire. Other general risk assessments were in place, such as legionella checks on water systems.

People told us there were enough staff to support them. They said they were able to go out when they needed and engage in activities that were important to them. The registered manager told us the home currently employed 23 staff and scheduled six care staff on a morning shift and five on an afternoon shift. She told us day shifts ran from 8.30am until 11.00pm. She said this was to allow people to engage in evening activities without the complication of a shift change over. She said that where particular events were being undertaken, or people were attending individual appointments then additional staff would be rostered. We noted during the inspection additional staff were on duty to support a person to attend an appointment.

Staff personal files indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made, references taken up, one of which was from the previous employer, and Disclosure and Barring Service (DBS) checks being made. Staff confirmed they had been subject to a proper application and interview process before starting work at the home. This verified the provider had appropriate recruitment and vetting processes in place.

We observed staff supporting people to take their medicines and saw people were given their medicine appropriately. We noted medicines at the home were stored securely and there were proper processes in place for ordering medicines from the pharmacy. Staff told us they had undertaken training on the safe handling of medicines, and records confirmed this. The registered manager confirmed checks on staff competency in handling medicines were carried out regularly. We examined the Medicine Administration Records (MARs) for people who lived at the home. We noted there were no

Is the service safe?

gaps in the recording of the administration of medicines. We noted some minor issues in that some 'as required' medicines had been recorded twice on the MAR, although there were no instances where it had been given to excess. We also noted some people's 'as required' medicines care plans required updating. We spoke with the registered manager about this. She said the matters would be addressed immediately.

We saw one person managed their own medicines. We saw there was a risk assessment and detailed care plan covering this. There were also contingency plans to help the support the person if they did not take their medicines as prescribed.

Is the service effective?

Our findings

People told us they felt supported by the staff at the home. Comments from people included, “It’s one of the best places I have been for staff support. If it wasn’t for the staff I wouldn’t be doing as well as I am” and “I go fishing; the staff take me. I entered a competition.”

The registered manager showed us copies of the training matrix and explained the system in place to ensure staff had up to date training. We saw a range of training had been undertaken including first aid, fire safety, epilepsy awareness and moving and handling. We also saw a range of specialist training, specific to the areas of care provided had also been undertaken. Copies of certificates for recent training courses were available in staff files. Staff told us they had good access to training and updating and could request additional courses, if they felt they were needed as part of their development. We spoke with two members of staff who had recently joined the provider. They told us they had been given training prior to starting work at the home, had followed an induction programme and shadowed other staff as part of the induction process. Staff also confirmed they had access to regular supervision and a yearly appraisal.

Two professionals we spoke with told us they felt the registered manager and deputy manager had good experience and up to date training to support people at the home. However, they both considered care staff could benefit from specific additional training to help them better support people with highly complex needs.

Staff told us they had received, or were due to receive, training in relation to the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS). They said it was rare that any decisions had to be made in line with ‘best interest guidance, as people living at the home had capacity to make their own decisions or be involved in decision making meetings. The registered manager told us she had made a number of applications for assessments under the MCA and DoLS. She said these had been undertaken and she was awaiting the results. The registered manager had taken appropriate action in assessing people in relation to the MCA and the guidance on the implementation of DoLS.

We saw some people had previously had restrictions placed on them under the Mental Health Act (1983). We saw appropriate reviews of these restrictions had been undertaken and no person currently living at the home was now subject to any limitation under this legislation.

The manager told us the home had a non-restraint policy and staff confirmed this. Staff were able to talk knowledgeably about how they would deal with any incidents and techniques they would use to direct people away from any arguments or incidents. Staff had received Non-Abusive Psychological and Physical Intervention (NAPPI) training to help deal with any behaviour that could be described as challenging. Staff also told us they had received training in breakaway techniques, but this was rarely, if ever, necessary.

People told us they were involved in the development of their care plans and staff sat with them and talked to them about their care. We saw people had completed and signed consent forms that were available in their care records. Some people had also signed individual care plans and risk assessments, although there were also a number of areas where there were no signatures. The registered manager told us some people didn’t always want to sign plans. A care manager told us she felt staff tried hard to ensure the client that she worked with was involved in care plan reviews.

People told us they were happy with the food available at the home. Comments from people included, “The food is great. It’s picked up a lot since the new cook came in. All that is missing is the silver service”; “I like the food, although I don’t eat very much” and “The food is fantastic.” We saw people had a choice of meals and could ask for alternative dishes if there was nothing they liked. We spoke with the cook who was aware of people’s special dietary needs, such as those who required a diabetic diet and people who were looking to manage their weight. She told us they were looking to review the overall menu in the next few weeks. People had access to a range of drinks and had the use of a small kitchen area to make themselves drinks at any time. We saw people had care plans related to their nutrition and their weight was regularly monitored as part of their overall health reviews.

The service was located in a large house in a rural area. The general ambiance of the service was homely. Decoration required updating in places. The registered manager told us there were ongoing plans to redecorate the home and to

Is the service effective?

update the kitchen facilities. People's individual rooms were personalised and they had their own furniture and entertainment equipment. Several people had items related to their interests including football, music and videos and a collection of miniature cars. Some people said the rural location could cause issues and could restrict

going out. Two professionals we spoke with felt the location of the home could present a barrier to contact, especially in the winter months. One person commented, "It's good living here. It has its advantages and disadvantages; more advantages than disadvantages."

Is the service caring?

Our findings

People we spoke with told us they were happy with the care provided. Comments from people included, “I like living here”; “I think I will stay here; I don’t want to move” and “It’s a really good team; loads of support.” One care manager told us, “I am happy with the care they provide for (person). He is very happy there and doesn’t want to leave.”

We spent time observing people and how staff interacted. We saw people were treated as individuals and with patience and kindness. They seemed very relaxed with staff. There were a lot of jokes and bantered conversations that people seemed to enjoy. Staff took time to ensure people were happy with their approach and spoke to everyone by name. One person told us, “Yes, everyone argues at times, but really it’s like a little family, really.” One person told us it was their birthday soon and they were planning a party.

Staff said no one at the home had any particular cultural or religious requirements. The registered manager told us two people regularly attended a local church and other people went occasionally. She said a minister regularly came to the home and would support events at key times, such as Christmas. She said the minister was also available to provide more general support to people, such as during particular life events.

People told us they were involved in their care. They said they were encouraged to do as much as they could for themselves. They told us they took responsibility for cleaning and tidying their own bedrooms. We saw some people had signed their care plans to show they had been involved in discussion about their care, although not all care records had been signed. The registered manager told us not everyone wanted to sign, but everyone was given the opportunity to be involved in discussions about their care. We saw several documents and questionnaires had been provided in an easy read format, to help people understand what was being asked or explain about issues.

People’s health and well-being was supported. We saw copies of letters from health professionals indicating people had attended hospital or other appointments. We also spoke with a local GP practice nurse who told us she supported people who lived at the home with vaccinations

and immunisations. She said she also supported people living at the home by carrying out annual health checks. However, we did find people’s health action plans were not always up to date and did not contain detailed information about people’s current health conditions or medicines. This meant such information may not be immediately available, if for example the person had to attend hospital. We spoke with the registered manager about this who said this information would be revised.

The registered manager told us people had access to advocates as and when they required them. We saw people had support if they attended meetings or reviews. The manager told us several people living at the home also had access to solicitors, who supported them in a range of areas including family and financial issues. She said many people could contact their solicitors directly using their own mobile phones.

Staff were aware of the issues related to confidentiality. They advised us they were particularly aware of the need to be discreet when they were out of the home to ensure that people’s personal details were kept private. Care records were stored appropriately at the home. There were several areas of the home where people could talk to staff in confidence, if they wished to raise matters in private. We also saw people living at the home were reminded that it was important not to discuss personal details of friends or other people living at the home.

People told us their privacy and dignity was respected by the staff. They told us staff always knocked on their bedroom doors before entering and we witnessed this throughout the day. One person told us, “Everyone is the same. They treat you with respect, yes definitely. They always knock and give you a shout.”

People were encouraged to maintain their independence. People told us they could spend time as they liked and also visit local pubs and hotels. They told us they were encouraged to maintain cleanliness standards within their own rooms. A number of people had arranged for satellite television to be installed in their rooms, so they could follow their local football team or other interests. One care manager told us about their client, “They encourage him to be independent and make decisions.”<Summary here>

Is the service responsive?

Our findings

Reviews of care plans and people's progress were not always detailed. Review sheets were not titled, so it was sometimes difficult to be clear as to which review sheet referred to which area. Care plan reviews had limited information and many simply indicated "no change", often over a number of months. Other reviews did not accurately reflect the current approach to care. For example, we saw one person's assessment required them to be regularly observed by staff. This plan had been revised in June 2014. The care plan review from July 2014 onwards indicated there were no changes to the plan. We asked the registered manager about this and whether the person was being regularly observed by staff. She told us the care plan was incorrect and the person did not now require regular supervision. In other care records it was not always immediately clear what information was the most relevant or up to date, as old care plans or review documents were stored alongside current reviews and dates were not always obvious. This meant that people may not receive the care and support they required because care records were not always accurate or up to date.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17(2)(c). Good Governance. You can see the action we have asked the provider to take at the end of the report.

We saw people had individual care plans that addressed their needs, including their physical health and wellbeing and their psychological health. Care plans were detailed and had a good range of information regarding individual's needs. We saw there was information about how staff should support one person who was diabetic, including action to take in an emergency. Another care plan indicated a person may initially refuse to take their medicines. The plan detailed action staff should take to encourage the person including; returning a little later, talking to the person and asking another member of staff to approach the person.

People told us they were involved in their care and could discuss issues about their care with the registered manager or other staff members. One care worker told us, "We encourage them to come and talk. They are quite able to express themselves." People told us how they went

shopping, could make decisions about what they bought and were involved in meal preparation, with staff support. One care manager told us about their client, "He is well supported. They work alongside him."

The registered manager told us there were a range of activities people could participate in. She said people attended "college" and there was a specific room in the home designated as the college room. We saw people were engaged in a range of activities to suit their needs. One person told us, "Sometimes it is a bit like being back in school. I would like things that stretch me a bit more, maybe do some City and Guilds stuff." Other people told us they enjoyed the activities on 'college days'.

There were also a range of other opportunities for people to participate in activities. On the day of our inspection one group was going out walking in the surrounding countryside and had taken a packed lunch. People told us how they bred budgies and cockatiels, which they then sold to local pet shops to raise funds. Another person told us how he looked after chickens and the eggs they produced were used by the kitchen of the home. He said, "I look after the hens, we get loads of eggs; we had 20 yesterday."

People told us how they were involved in local indoor bowling clubs. One person told us how they were going to an end of season dinner that night and were going to receive an award. Another person told us they attended football matches when they could and a third person told us how he went fishing with staff and showed us a certificate he had earned. We also witnessed people going out shopping with staff and returning with items to make their meals. There were photographs around the home of people enjoying events and parties.

People told us they were aware of how to complain and that they would speak to the manager or a member of staff if they had any concerns. One person told us, "I've no complaints. Everything is usually alright." We saw the registered manager kept a record of complaints, including those regarding disputes between people who lived at the home. We saw the nature of the concern was logged and action taken to deal with the issue. We saw time was taken to sit with people and discuss what had caused them to become concerned and deal with any distress they may have had. There had been no formal complaints raised with the service in the 12 months prior to our inspection.

Is the service responsive?

Professionals we spoke with told us the service was very responsive with regards to transition into the home. They said the registered manager took the time to support people moving to the home, including allowing them to

visit before deciding if it was appropriate for their individual needs. They told us the registered manager or deputy manager attended planning meetings, so they were fully aware of the needs of people moving to the home.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since February 2014. The registered manager and the provider's quality assurance manager supported us during the inspection.

The registered manager told us the culture of the home was to promote people's independence and living skills. She said where people wanted to move back into the community they would try and support and facilitate this. Where people wished to remain living at the home on a long term basis the service would try and make the environment as homely and supportive as possible. People told us they were happy living at the home. One person told us, "I like living here; I don't want to move." One staff member told us, "It's about occupying their minds so they are not just sitting. It's about being productive and achieving things. Helping them to achieve their goals so they are looking forward and not thinking about the past."

We saw the registered manager and provider carried out a range of checks on the home, including fire safety checks, legionella checks, and temperature checks on the water system. We also noted the provider undertook their own inspections of the home, carried out at varying times of the day, and highlighted any issues requiring addressing. For example, we saw in one report pot holes in the drive were noted to be an issue. We saw a temporary repair had been recently affected to reduce the holes. The manager told us they were waiting a full resurfacing of the drive to be carried out.

There was a regular residents' meeting and also annual survey of people who lived at the home. People were asked their opinion on a range of issues including the development of 'college days' at the home and changes in menus. We saw community issues were also discussed, such as people playing music late at night and how this could disturb some people. We saw that the last survey was carried out in September 2014. People had responded with the majority indicating they were "very satisfied" with the registered manager, and the staff and facilities at the home.

Staff told us there were regular staff meetings to discuss both the needs of the people who lived at the home and more general service issues. We saw copies of recent meetings where the results of a recent inspection report

were discussed, the introduction of a key worker system and lessons to be learned from a past safeguarding incident. People said they could raise issues at the meeting and the manager would take note. One staff member told us, "Oh yes we can say anything. If there is anything we have to air, we air it. Things seem to get done afterwards."

People were positive about the staff and the registered manager. Comments from people included, "The manager is nice. Well, I think she is nice" and "The manager has not been here very long but she is really good. It's a good team." Staff said they were well supported at the home and could approach the registered manager if they had any concerns. Comments from staff included, "I can go to the manager if I have any problems" and "She is very supportive about all aspects of life, work or home." Professionals we spoke with told us they considered the home well managed and that the registered manager was very approachable and amenable. Comments included, "The manager is very approachable and has been down to discuss issues" and "I think I have a good working relationship with the management."

With the exception of care plans reviews we found other records were up to date and maintained in good order.

The quality assurance manager told us the home and the provider were members of a number of organisations to promote and improve care within the home, including the British Institute for Learning Disabilities. She said the provider had also signed up to the Health Charter and was in the process of developing three key actions designed to improve healthcare for people who lived at the home.

The manager told us she wanted to progress the service to try and extend the range of skills people could develop, including budgeting skills. She also told us she was working with consultant staff and local general practitioners to try and reduce the range of medicines people were taking; although this was a slow process. She told us her greatest frustration was that she could not do things quickly enough and everything took time to develop and implement.

The registered manager told us she tried to encourage people to engage with the local community as much as possible. People told us they were members of the local indoor bowling league. Other people told us they helped out at a disco in a local hotel. Professionals we spoke with told us people living at the home were well integrated with the local community. People told us they raised money

Is the service well-led?

through coffee mornings and other similar events. They told us they had raised £326.33 at a recent coffee morning

attended by friends and local people. One person told us, "The community and public around here really look after you. They give you respect and you get really good support."

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 17 HSCA (RA) Regulations 2014 Good governance

Systems were not in place to ensure accurate, complete and contemporaneous records were maintained for each service user. Regulation 17 (2) (c).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (b)(e).