Oliver House (Kirk Hallam) Ltd

Oliver House

Inspection report

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Derbyshire
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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

About the service
Oliver House is a nursing and residential care home providing regulated activities for personal and nursing care to up to 26 people. At the time of our inspection there were 26 people using the service. Care is provided on two floors, with bedrooms on each floor and communal areas on the ground floor.

People's experience of using this service and what we found
The provider lacked oversight and governance arrangements to ensure improvements were made and quality of care maintained. Policies were out of date and the governance in respect of the use of CCTV was not in line with best practice.

Audits were in place, however had not been used to make the required changes or to drive changes to keep people safe or maintain the environment.

Medicines were not managed safely. Risk assessments had not been completed consistently for all health conditions. Behaviours plans were not in place to support staff with the guidance they required to safely meet people's needs.

We found some areas of the environment required repairs and refurbishments. Some aspects of infection prevention and control had not been followed to reduce the risk of infection.

There were enough staff to support people's needs and they had been recruited appropriately. However, staff had not received the required training for their role and nurses had not received the required clinical supervision for revalidation of their profession.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always supported this practice. We have made a recommendation about following best practice guidance in relation to the Mental Capacity Act.

People's dignity was not always considered. Relatives shared with us their thoughts on kind and caring staff. Relatives views had been obtained and overall, these were positive, however the less positive comments had not been reviewed to consider how improvements could be made.

Relatives enjoyed visiting the home and had opportunities to use technology if they were unable to visit in person.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
This service was registered with us on 20 May 2020 and this is the first inspection.
The last rating for the service under the previous provider was rated good published on 6 December 2019.

Why we inspected
This inspection was prompted by a review of the information we held about this service.
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oliver House on our website at www.cqc.org.uk.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risks being managed, medicine management, infection, prevention and control, person centred care, staff training and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Oliver House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection was completed by one inspector and a nurse specialist.

Service and service type
Oliver House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oliver House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the nominated individual, they are responsible for supervising the management of the service on behalf of the provider.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since it first registered with the CQC. We used

the information the provider sent us in the provider information return (PIR) . This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We reviewed a range of records. This included relevant parts of five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection we spoke with 10 members of nursing, care staff and staff completing other roles within the home. We continued to seek clarification from the provider to validate evidence found. We looked at training data and other information the provider sent to us.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not always protected from potential risks. We saw an inconsistent approach to risk assessments for diabetes and other long-term health conditions. For example, there was no assessment to identify the risks of high or low blood sugar levels and how this should be managed.
- Where people's mobility needs had changed, these had not been reflected in the care plan or risk assessment to ensure the required guidance was provided to keep them safe. This meant people may not always been supported with their mobility needs in accordance with their level of independence or ability.
- We found mattresses and pressure cushions had not been checked correctly to ensure they were in full working order. This meant we could not be assured the equipment was helping to prevent people's skin from breaking down or becoming sore. This created unnecessary risk to people who used this equipment as we were not assured processes to maintain and check equipment were in place.
- Fire safety records had not been maintained. We found seven people did not have a personal evacuation plan and another three people's needs had changed, requiring a different plan. This meant should evacuation be required; some people may not be accounted for and others would not have their needs met for a safe evacuation.
- We found areas of the home required maintenance and repairs, to ensure a safe environment. These had not been identified on the provider's plan and therefore we could not be assured they would be addressed.

The provider responded immediately during and after the inspection to address the replacement of mattresses.

Using medicines safely; Learning lessons when things go wrong

- People's medicines was not managed safely. We found 10 people did not have a front sheet profile for their medicines. These profiles provide a photograph of the person, their allergies and how they require the medicine to be administered. Without this detail there is a higher risk of errors during administration, especially as the provider used agency staff who may not be familiar with the people. However, no medicine errors had been recorded
- When people required medicine on an as required basis, the protocols to direct staff on how and when to administer the medicine lacked detail and had not been reviewed for over 12 months. This meant medicine needs may have changed and not been identified, placing a risk in relation to administration.
- When people required patches to control their pain, the records to record the application of the patches was unreadable. This meant we could not be assured the pain patch has been applied or the required NICE guidance in relation to rotation of the patch had been followed. This meant people could obtain an irritation

from the patch being continued to be placed in the same location.
● Topical creams had been prescribed for people's skin, however there was no body maps to identify where the cream should be applied or records to confirm when this had been completed. Creams in use had not been dated on opening, to ensure they remained appropriate for use as some creams had a limited shelf life on opening. This meant we could not be assured people had received their prescribed creams to reduce the risk of sore skin.
● Some of these areas of concern had been identified on the medicine audit, however action had not been taken to address them in a timely manner. This meant we could not be assured lessons had been learnt through this process.

The provider responded immediately after the inspection, to address the medicine areas of concern.

Preventing and controlling infection
● Infection, prevention and control guidance was not always being followed. We found areas of the home lacked cleaning and there was no oversight to ensure compliance. For example, we found damaged bed rails, chairs and safety mats which meant the surfaces could not be cleaned to a high standard to reduce the risk of infection.
● Equipment in use was not always in good working order and we found areas of the home needed repairing. For example, a rusty rotunda, which had an impact on the cleaning and could be a source of possible risk of infection to people. Therefore, we were not assured the provider was promoting safety through the layout and hygiene practices of the premises.
● Some rooms lacked pump soap, paper towels and foot operated bins, to ensure staff had access to hand hygiene facilities at point of care. This placed people at risk of cross infection.
● The provider's infection prevention and control policy was not up to date and did not reflect COVID 19 and government guidance or best practice. This meant we could not be assured the required measures were in place to reduce the impact of transferable infections or in providing the appropriate guidance to staff.
The provider had failed to ensure that people were protected from the risk of harm, infection and medicines safety. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We found overall the staff were using PPE effectively and safely. However, one some staff member required a reminder to not wear fabric face coverings whilst working within the home.
● In the PIR, you told us, 'Staff support people doing in house entertainment and supporting them to speak with their families through Facebook and zoom.' We saw the provider had enabled visits for relatives in accordance with the government guidance and enabled alternatives when an outbreak occurred within the home to maintain contacts with family.
● We were assured that the provider was accessing testing for people using the service and staff.

Systems and processes to safeguard people from the risk of abuse
● People overall were protected from the risk of harm. Staff we spoke with understood what a safeguarding concern could be and how to raise it.
● We saw any safeguards raised had been investigated and outcomes addressed. The safeguarding adult's policy had been reviewed yearly, however no changes had been made to the policy to ensure it was up to date and in line with best practice, to ensure best practice was undertaken.

Staffing and recruitment
● There was enough staff to meet people's needs.
● The provider had ensured agency staff were used to support staff sickness or absence. These were through

an agency and regular agency staff were used to support consistency.

- Further recruitment was ongoing to ensure the required staffing levels were consistently maintained.
- There was a regular team of nursing staff.
- The provider had a robust system in place to ensure staff recruited had the required references and Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not received the required training to support their role.
- New staff had not received a detailed induction to support their required skills. For example, moving and handling. We observed poor practice in moving and handling, including under arm lifts and lack of knowledge in using the equipment to support people safely. This placed people at unnecessary risk of harm and injury.
- Staff were provided with training books and the answers, which staff reflected did not provide them with knowledge and skills. One staff member said, "The booklets are given to you with the answers, so you don't learn anything." Another staff member said, "The booklets are out of date, so you don't get to know any new skills or changes in practice."
- The training records we reviewed showed gaps in people's mandatory training and there was no process to consider if staff had received competency assessments to ensure they had understood the training once completed. For example, the moving and handling concerns.
- All the staff we spoke with reflected on the lack of training to support people who had behaviours which could harm themselves or others. Other staff reflected on the lack of training around end of life care. This meant staff were not provided with the required skills within their role to support people safely and effectively.
- The nursing staff had not received clinical oversight or Continuing Professional Development (CPD). This meant when their registration for nursing practice was due for revalidation, we could not be assured of the scrutiny being completed to maintain good practice.

The provider had failed to ensure staff had received the required training and support for their roles. This was a breach of regulation 18 (2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- MCA was not always applied in line with best practice.
- We saw some people had capacity assessments. However, these were not always decision specific with a group of decisions being considered in one assessment. For example, medicines, need for care, equipment. This was not in line with principles of the MCA as assessments need to be based on individual specific decisions
- Some people had moved from another establishment. Although a DoLS assessment had been applied for at the previous home, no assessment had been completed to consider if this was still appropriate or to establish the person's level of capacity around their care needs. This meant that people were at risk of not being supported in the least restrictive way that met their current needs.

We recommend the provider consider current guidance and best practice in relation to the Mental Capacity Act 2005.

Supporting people to eat and drink enough to maintain a balanced diet

- People were not always supported to maintain and improve their health and nutrition when needed. We saw some people were recorded as needing a restricted diet, however there were no details in their nutritional plan or any assessments to reflect individual choice or a decision based on a health condition.
- We saw one person required thickener for their drinks to reduce the risk of choking. Detailed guidance was provided by the speech and language specialist, however this had not been included in the assessment and these details were not widely shared. This placed people at unnecessary risk of choking and preventable risk.
- The kitchen had a white board, used to provide details of people's dietary needs. However, it was disjointed and did not provide clear guidance for people's needs. The cook had not received an individual diet sheet for each person to enable them to use this to consider their menu planning in relation to diets and preferences.
- The food was served by staff in the lounge, from an unheated trolley. This meant the temperature of the food was not maintained throughout the mealtime period and could impact on the meal experience.

Adapting service, design, decoration to meet people's needs

- The home had completed some areas of refurbishment, however other areas required repairs or refurbishments to improve the communal spaces and people's bedrooms. Not all of these had been identified by the provider.
- Some bedrooms had been personalised, however other bedrooms lacked a homely feel and were in need of repair, with peeling wallpaper and broken lights.
- The communal bathroom was full of unused equipment which impacted on being used for people's personal care needs. This meant this bathroom was not in use and reduced the options for people to receive a bath. Since our inspection this has been addressed and is now fully functional.
- There was a lack of signage to promote people living with dementia to be able to orientate around the building or be able to identify their own bedroom. This could impact upon people's wellbeing and ability to be as independent as possible.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People were supported to access relevant external health professionals when they needed to. This included both routine and specialist health screening. For example, in relation to people's nutrition, mobility, equipment or medical health needs.

● We saw weights were monitored and when required referrals made to health care professionals to promote people's health needs.

● Health care staff told us the staff worked with them to follow up on any required needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● The provider had used tools like water low scores and body mass indicators to consider people's weights and risks for pressure care.

● Care plans were regularly reviewed, and some updates completed. However not all changes in people's care needs had been recorded.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People were not always treated with dignity and respect. We found some examples where people's personal care needs had not been supported in a dignified way. For example, one person was given a tea towel in place of a face cloth. Another person was using a plastic urinal bottle with no lid, this meant the malodour fumes were not contained. Best practice is to use disposable urine bottles to minimise the risk of infection and unpleasant odours.
- Care plans had not identified if anyone had any equality or diversity needs. For example, religious support, cultural needs or a preference to care being provided by a specific gender.
- We observed on other occasions staff interacting with people in a caring and kind manner.
- Relatives we spoke with told us they felt positive about the staff and the care their family member received.
- We saw staff ensured people's privacy and independence when they provided care. Examples included, making sure people's clothing was protected, making sure doors were closed before providing personal care and checking people were happy and comfortable, with drinks and any personal items to hand, before leaving them.

Supporting people to express their views and be involved in making decisions about their care

- People enjoyed the daily activities and were encouraged to participate. Other people chose to stay in their bedroom, and this was respected.
- People had been encouraged to make choices about their clothes, the meals and refreshments.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Admission pre-assessments lacked information. This information should be used to consider if the home can meet the person's needs before they move in. Without this detail there is a risk a person may not receive the required level of care or be placed inappropriately.
- Some staff felt a lot of information was passed over verbally or picked up through observation. One staff said, "When we have new people, you don't get a lot of information, like allergies or meals. It's like a guessing game, you have to ask the right question." This meant people could receive inconsistent care, as the required care was not documented and communicated effectively to all staff.
- Some people presented in a way which could impact on their safety and the safety of others. We reviewed the plans for these people and found they provided the detail of the possible behaviour, however, there was no guidance to consider how to de-escalate the situation of consider possible triggers.
- Care plans lacked person-centred information. For example, important information in relation to daily routines or life information about history or family connections.
- The care plans in relation to end of life care (EOL) were limited in information. Staff had already reflected the lack of training in this area. One staff said, "The EOL segment is not always completed, it would be nice to know more information." We saw gaps in these parts of people's care plans. This meant staff did not always have access to information which would allow them to care for people appropriately in the end stages of their life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- In the PIR, you told us, 'Staff will be aware of the preferred method of communication for each individual from care plans. Each resident will have a care plan stating their communication method.' However, we found the care plans did not reflect people's individual methods of communication. For example, one care plan stated, 'Does not communicate verbally.' There was no additional detail provided to reflect their communication method. This placed a risk to people when they were supported by new staff or agency who did not know them as well as the permanent staff.
- There were no picture menus to support meal choices. One person was sight impaired and no other methods had been considered to support their needs.

The provider had failed to ensure people received person centred care. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to undertake daily activities. There was an activities staff member who provided a programme of events to support people's interests.
- We saw calendar events and personal celebrations had a focus. Encouraging music and special meals. Some one to one support was also offered where people chose to remain in their bedrooms.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and the relatives we spoke with felt they could raise any concerns.
- We saw complaints had been addressed, however for some complaints further investigation could have been considered to ensure any concerns could be responded to. For example, we asked the registered manager to complete an investigation and felt this was not in enough detail to ensure all areas of the concerns had been considered and addressed.
- The provider had received many cards of thanks and compliments about the care people had received.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- There was a lack of oversight by the provider to ensure the required quality performance was being completed and maintained. Areas of improvements we identified at the inspection had not been identified by the quality systems in place. This meant risks to people had not always been identified and acted on to make improvements.
- Audits had been completed for many areas, however actions from these had not been completed. For example, the medicine audit identified there were missing photographic front sheets, PRN protocols lacked detail and topical creams were not effectively managed. Actions to resolve these issues had not been taken which exposed people to the risk of avoidable harm.
- We saw audits for mattresses had resulted in some replacements, however this audit had not been consistently maintained so new concerns were not addressed in a timely manner. This showed the system to monitor the condition of mattresses had not been effective in mitigating risks to people.
- Audits in relation to the environment had not identified all areas of the home where repairs or replacements were required. For example, broken radiator covers or cracks in a bedroom sink. This meant opportunities to improve the safety of the home were missed.
- Care plan audits had not identified the inconsistent approach to risk assessments for the same health condition. Clear guidance was not always provided for staff in managing people's behaviours which could harm themselves or others. This demonstrated that the system in place to audit care files had not been effective in monitoring and mitigating potential risks.
- Policies used were out of date. This impacted on the practices within the home not being delivered in line with best practice or government guidance. For example, infection, prevention and control, safeguarding and medicines management. We were not assured the provider fostered a positive culture within the home as the feedback we received was mixed. Staff were not provided with best practice knowledge from up to date policies.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People seemed happy within the home and relatives reflected on the friendliness of the staff and the environment.
- Some staff felt the culture of the home was not open and felt they could not express their concerns without their confidentially being compromised.

● There was a lack of guidance on best practice. One staff said, "Some staff are set in their ways, like old fashioned sayings and practices. For example, some staff don't think people should have a doll, but they were mums once and it can be a comfort." This meant there could be an impact on the care people received.
● In the PIR, you told us, 'CCTV is installed throughout the home in communal areas. Cameras are reviewed if there are any concerns following a reported incident or accident.' However, the required measures were not in place to ensure the CCTV was being used in accordance with General Data Protection Regulation (GDPR) and best practice. For example, there was no data protection impact assessment and the data protection policy had not been reviewed since 2018.
● A list of all the staff members personal log in details, passwords, and access codes was accessible in a folder in the main communal space of the home. The registered manager told us, "We trust each other here." This meant we could not be assured peoples personal details would be secure and kept safe in accordance with GDPR principles.
●The Statement of Purpose (SOP) is a document which provides an overarching description of the purpose of the service. The SOP was not reflective of the current service being provided, there is no mention of the CCTV in use, person-centred care, mental capacity assessments or other aspects in line with current guidance and best practice. □

The provider had failed to ensure that systems and processes were in place to drive quality and improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and staff were not always supported to be part of the development of the service.
● We saw relatives had completed a quality questionnaire. Many of the comments were positive and reflected good outcomes. However, some comments reflected below good, these had not been addressed to consider how improvements could be made.
● There was a mixed response from staff about the levels of support. Some staff felt well supported and able to approach management if required. Others felt a lack of support, based on their concerns not having been addressed or the levels of training opportunities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider had sent us written notifications about any important events when they happened at the service, to help us check people's safety there.
● Related records and feedback we received during this inspection, showed timely action was taken following any incidents, to ensure people's safety. For example, introducing sensor equipment to alert staff after people had experienced falls.

Working in partnership with others
● Partnership working with health and social care professionals had been established. This related to referrals to different specialist to obtain professional guidance around dietary needs or support with skin integrity. However, on occasions this information was not always cascaded to ensure the guidance could be followed.
● Health care staff we spoke with confirmed their confidence in the home in meeting people's needs. We saw regular contact had been established to raise any issues in relation to people's health care needs as they arose.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured the care was personalised to meet the person's needs. People had not been consulted about their communication, care and preferences. The provider had not ensure end of life care was comprehensive.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured the staff received training at a relevant level to provide them with the skills to keep people safe at all times. nurses had not received the required clinical support for their roles.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had not ensured the care was personalised to meet the person's needs. People had not been consulted about their communication, care and preferences. The provider had not ensure end of life care was comprehensive.

The enforcement action we took:

Reg 12 issued please refer to decision tree

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured medicines were administered accurately and in accordance with the prescriber instructions. Risk assessments were not in place to consider long term health conditions and mobility. Emergency pans were not in place and infection prevention and control was not always well managed.

The enforcement action we took:

WN issued for REG 12 to address the concerns noted in the decision tree