

Denehurst Care Limited

Passmonds House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This was an unannounced inspection, which took place on the 14 January 2015. We carried out an inspection in June 2014 and found the provider was not meeting all the regulations we reviewed. The provider was issued with warning notices instructing them to make the necessary improvements so people were kept safe. We carried out a further inspection in September 2014 to check if the necessary improvements had been made. We found the provider was meeting the regulations we reviewed at that time.

Passmonds House provides accommodation and support for up to 35 people. Poppy unit, situated on the first floor is a designated unit for people living with dementia. At the time of our inspection there were 29 people living at the home. The home has been extended to offer accommodation, in two double and 31 single rooms. Twenty-two of the rooms have en-suite facilities. The home also provides three lounges and two dining rooms. The home is set in its own grounds adjacent to Denehurst Park and is approximately 1½ miles from Rochdale town centre. Parking is provided to the front of the house. Ramped access is provided to all entrances.

Summary of findings

At the time of the inspection the manager was not registered with the Care Quality Commission. We were told an application had been submitted. 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.

People who used the service told us they felt safe living at Passmonds House. Relatives we spoke with confirmed they had no concerns about the safety of their family members. We saw that interactions between people and staff were polite and friendly. The staff we spoke with showed they had a very good understanding of the needs of the people they were looking after.

People were cared for by sufficient numbers of staff. Staff received on-going basic training and support to enable them to do their job. However appropriate training in the specific needs of people living at the home, such as dementia care and mental health needs had not been provided ensuring staff had the knowledge and skills needed to effectively support people.

We saw improvements were needed to enhance the standard of accommodation provided and the suitability of the environment for people living with dementia to promote their well-being and freedom of movement.

Care records we looked at had been reviewed and updated to reflect people's support needs. However records did not show that people's wishes and preferences had been gathered or that people were involved and consented to the care and support they received.

We found the management of people's medication was safe. We saw people were supported to access health care professionals, such as GP's, community nurses and dieticians so their current and changing health needs were met.

The manager and staff were able to demonstrate their understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Staff were also able to tell us what they would do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

Systems had been implemented to show the service was being monitored and reviewed. People told us the manager and staff were approachable and felt confident they would listen and respond if any concerns were raised. However information requested by CQC prior to the inspection had not been received. The homes 'Statement of Purpose', which was amended during the inspection, reflected the changing needs of people living at the home but staff training in specific areas of care had not been provided. We saw that relevant checks had been made when employing new staff, suitable arrangements were in place in relation to fire safety and the servicing of equipment was undertaken so that people were kept safe.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to appropriate staff training, the development of personalised care plans and the standard of accommodation and suitability of the environment to promote people's well-being. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe and were happy living at Passmonds House.

Staff were aware of what action to take if they witnessed or suspected potential abuse so that people were protected and kept safe.

People were protected against potential risks as safe systems were in place with regards to fire safety, the safe administration of medication and recruitment practices.

Good



Is the service effective?

The service was not effective in meeting the needs of all people living at the home. To promote the health and well-being of people living with dementia and mental health needs, improvement were needed to enhance the standard of accommodation and the skills and competencies of staff at the home.

Staff were able to tell us their understanding of the Mental Capacity Act 2005. People's records were being expanded upon to show how they had been consulted with and consent, where able, to their care and support.

Staff were aware of people's health and social care needs and sought external healthcare advice where necessary.

Requires Improvement



Is the service caring?

The service was caring. People spoke positively about the care and support they received from staff. We saw people were treated with dignity and respect and offered reassurance and encouragement.

Staff supported people in a patient and friendly manner and were seen to have a friendly rapport with people and their visitors.

Good



Is the service responsive?

The service was not always responsive. Opportunities for some people to take part in a range of activities both in and away from the home were provided.

People and their relatives were involved in the assessment process when moving into the home. However we saw people's records focused on care tasks and did not reflect their needs, wishes and preferences providing a personalised plan of care.

Systems were in place for the reporting and responding to people's complaints and concerns. Where necessary the manager had taken action to address poor practice.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not always well led. The manager had been in post six months, an application to register had been submitted to CQC but had yet to be approved.

The manager carried out checks to monitor and assess the quality of the service people received. People who lived at Passmonds House, their visitors and staff were provided with opportunities to voice their views and ideas. However information about the conduct of the service, requested by the CQC prior to this inspection, had not been provided.

Requires Improvement



Passmonds House

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 the 14 January 2015 and was unannounced. The inspection team comprised of an adult social care inspector and an 'expert by experience'. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who joined the inspection had experience of services that supported older people and provided care for people living with dementia.

Prior to the inspection we reviewed all the information we hold about the service including notifications. The provider was asked to complete a Provider Information Record (PIR)

however this had not been received at the time of our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During this inspection we spent time talking with sixteen people who used the service, three relatives of people, five care staff, the cook, laundry assistant, administrator, maintenance staff and the manager. We also reviewed five people's care records, two staff recruitment files, training information as well as information about the management and conduct of the service.

We spent time observing the support people received on poppy unit during the lunchtime period. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

As part of the inspection process we also contacted the local authority commissioners and social work team to seek their views about the care and support offered at Passmonds. No issues were raised with us about the service.

Is the service safe?

Our findings

People we spoke with, who were able to share their views, told us they were happy and felt safe living at Passmonds house. One person told us, “Yes I feel safe, I’m no longer at risk of things happening”. A relative also said, “I feel my mum is safer at the home.”

We saw information was available to guide staff in the safeguarding of adults and records showed that staff had been provided with training in this area. We asked three staff to explain their understanding of the procedures and what they would do if they suspected abuse or a concern was raised with them. Staff were able to demonstrate their understanding and told us what action they would take. We were told staff felt confident the manager would listen to them and any matters, “would be dealt with”.

We looked at people’s care records. These showed that potential risks to people’s health and well-being, such as pressure ulcers, poor nutrition and hydration, restricted mobility and the risk of falls were assessed. We saw that these records had been regularly reviewed and updated where necessary.

We looked to see how staff managed people’s medication. We looked at the system for the receipt, safe storage and administration of medicines. We also looked at the medication administration records (MARs) for five people who used the service. We found accurate records were maintained, including where people required PRN ‘when required’ medicines or where people received a variable dose. We saw that items, such as controlled drugs, were stored securely and accurate records maintained. Suitable arrangements were made for those items to be returned to the supplying pharmacist.

We looked at the training records, these confirmed senior staff had completed training in the safe administration of medicines and formal assessments of their competence were completed to check they administered medicines safely. We found the management and administration of people’s medicines was safe. People we spoke with told us they did not look after their medicines but said they did receive them on time and knew what they were for.

We looked at what systems were in place in the event of an emergency, for example a fire. We saw a fire risk assessment had been undertaken in July 2014. Where recommendations had been made requiring action, we

saw they had been addressed. This was confirmed by the maintenance staff we spoke with. Additional in house fire safety checks were carried out to check escape routes were clear and that extinguishers, emergency lighting and the fire alarm were in good working order. Two recent fire drills had also been completed in September 2014 and December 2014. We saw detailed personal emergency evacuation plans (PEEPs) in place for each person living at the home. These were kept in people’s individual care records. We spoke with the manager about information being made more accessible should an emergency arise and evacuation be required. The manager said this would be addressed following the inspection.

We looked to see if up to date servicing certificates were in place for the mains circuits and equipment. We saw up to date checks were in place. A further gas safety check and the testing of small appliances were due. The manager told us she was aware of this and arrangements had been made for the checks to be undertaken.

We looked at the pre-employment checks completed prior to new staff commencing work. We looked at the files for two staff and found the necessary checks had been undertaken. We spoke with one of the staff members who was on duty at the time of the inspection. They explained the recruitment process and confirmed these checks had been completed before they started work in the service.

We were told that since our last inspection there had been little change in the staff team. On the day of the inspection there were five care staff, a domestic, laundry assistant, cook, maintenance staff, administrator and manager on duty. An inspection of staff rotas, discussion with staff and people we used the service, we found staffing levels had not always been adequate to meet the needs of people who used the service. One person told us, “Though the staff are all good I’m not sure there are always enough of them. Sometimes I can wait a while when I call them.” In contrast, some people said staffing levels were sufficient. We were told, “Most of the time there are enough staff”, adding they were not kept waiting unduly when they called for help and “I think there are enough staff. If you ring the bell they come; it’s the same at night as well.”

We were told by the manager and senior carer that an increase in staffing levels had been recognised due to changing needs of people and feedback received from staff. We were told a fifth care worker was now rota’d to work each day. This carer supported both floors where

Is the service safe?

additional support was required. Staff told us, “This has been looked at” and “If we have the ‘floater’ this works better.” It had also been recognised that laundry support was required at weekends so that this did not impact on care staff, this position had been advertised. This was also confirmed by the laundry assistant we spoke with.

Care staff we spoke with said that ‘on call support’ was provided by senior care staff during the evenings and nights should additional support or advice be required. Staff said on call staff would, and had, come out to the home if this was necessary.

Is the service effective?

Our findings

Staff told us they received ongoing training and support. A new member of staff we spoke with told us on commencement of their employment, they had completed a three day induction programme including shadowing sessions with an experienced member of staff. Staff said the training had prepared them to do their job. The manager and provider told us that e-learning training had recently been introduced. Topics covered all aspects of care. Staff told us and records showed that training was being completed by staff. We were also told that the activity worker was a trained trainer in moving and handling. The activity worker told us they had scheduled practical training throughout the year for new and existing staff. Some of the people living at Passmonds House live with dementia or have mental health needs. Appropriate training, based on current best practice, had not been provided enabling staff to develop their knowledge and competencies to effectively support the individual needs of people. This meant there was a breach of Regulation 23 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw most people were able to make some decisions about their daily routines and support. However on examination of care records we saw little information to show how people had been involved and consented to their care and support. We were told where people were not able to give informed consent, assessments would be completed and decisions would be made in the person's best interest based on their assessed needs. Whilst the manager showed us new documentation, which was being introduced in relation to seeking consent. We were told this would take several months to complete. This meant there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked around the home at bathrooms, a small number of bedrooms, the kitchen, laundry and lounge and dining rooms. Whilst the first floor lounge was warm, we found the ground floor lounge was cold. One person said they felt cold and several other people were seen to have blankets covering their legs. We checked the radiators, which were cold and asked staff about the heating. We were told "it has probably been turned off", adding this had happened before and was switched off by someone living at the home. We were concerned about what staff told us and

that this had not been addressed so this did not reoccur. We asked that the heating be switched on. We discussed this with the manager who said that she would speak with the person.

We found the décor and furniture in the ground floor lounge was in a poor condition. We were told by the manager that this had been identified and plans were to be made to redecorate the room and replace furnishings. People living with dementia were accommodated on the first floor. People had access to a lounge and dining room where they spent much of their time. Whilst people, where able, were seen to move around they were limited in the freedom of movement they had. One person was heard enquiring if they could go for a walk. We were told by another person living at the home this 'wasn't allowed' as they would go into other people's bedrooms. The environment did not promote the well-being and quality of life for people living with dementia. This meant there was a breach of Regulation 15 (1)(a)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Supervision records were looked at for three staff. Information was vague and did not explore staff training and development needs nor had they been signed by the staff member and the supervisor. Staff said that team meetings were also held every three months. Two staff members told us, "We've been here over 3 years and we work well as a team. The staff we have here are good and we feel the home provides good care and good food."

We found the provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We asked the manager how they ensured people were not subject to unnecessary restrictions and, where such restrictions were in place, what action they had taken to ensure people's rights were protected. The manager was able to demonstrate what process had been followed in making a recent application so that decisions were made in the person's best interest. The records for one person we looked at identified that this person was at times supported by 3 members of staff when unsettled. We spoke with manager about this level of intervention and decision making process. We were told that the 'outreach team',

Is the service effective?

were currently monitoring this person and reviewing their support needs. This team offers guidance to staff who care for people living with dementia whose behaviour may challenge the service.

Staff spoken with were able to demonstrate an awareness of the principles of the Mental Capacity Act 2005. They were able to tell us how they supported people to make day to day choices and decisions, such as what they wore, wanted to eat or how they spent their day.

We looked at how people's nutritional needs were met. We saw people were offered drinks throughout the day. At lunch time people had a choice of two main courses and two desserts. We saw people were asked which choice they preferred and if they wanted extra helpings. One person told us, "I also prefer to eat my meals in the small lounge on my own and they don't mind", "They are all very good with me and the food is good, I enjoy my meals." Another person said, "Lunch was nice, plenty to eat."

We looked at the kitchen and food stocks and spoke with the cook about the arrangements for the ordering of food. We were told regular deliveries were made of fresh, frozen, tinned and dry goods. We saw adequate stocks of food were available. The cook told us recent work had also been completed to improve the kitchen areas. We saw new flooring and cupboards had been fitted to the kitchen. A food safety inspection had also been undertaken by the local authority food hygiene and safety inspector in January 2015. The home had been awarded 5 stars, the highest award.

We saw that monitoring records information lacked detail with regards to the quantity of food and fluid taken. To ensure that the monitoring of food and drinks is accurate staff must ensure they document the exact amount of food and fluids taken. People's care records showed that additional advice and support was accessed from the dietician and speech and language therapist where concern had been identified. The cook was able to tell how she catered for people's dietary needs.

An examination of records confirmed that people had access to health care professionals such as the 'outreach team', 'memory clinic', podiatry, GP's, district nurses, dietician, speech and language therapists and optician. This helped to ensure people's health and wellbeing was maintained. One person told us, "I think they are doing a good job and they certainly understand me. I'm very happy with everything here, the food, the care, the regular tablets has got me in better shape that I've been in for years."

The manager told us that the home had been chosen by the local authority to take part in a pilot NHS scheme whereby medical advice and support was provided via video link with the medical staff based at Airedale hospital. The pilot is for a period of 12 months and will enable people to have immediate access to nursing staff and doctors, where necessary, without leaving the home. The purpose of the scheme is to reduce the number of people attending A&E departments if this is not necessary. Should people require admission to hospital this can be arranged, bypassing A&E. Staff spoken with were aware of the scheme and said that training was taking place in the use of the equipment and process to follow.

Is the service caring?

Our findings

All the people we spoke with who were able to tell us about their experiences spoke positively about the care and support they received. One person we spoke with said; “I am in here for good and am pleased about it as they are very good in every way. The food is good and the staff care for us very well”. The person next to them said, “I agree, we have no complaints”.

Other comments included; “They [the care staff] have helped me, I’d give them 10 out of 10”, “They [the care staff] have been marvellous with me, can’t grumble, I’m quite happy” and “My husband is just finishing his lunch and I must say we have no complaints. They are very good to both of us in every way.”

We received very positive comments from one person who was living at the home on a short term basis, following a period of ill health. They told us, “I came here from hospital whilst I recovered. The care is excellent and I am kept fully in the picture as to what they can do and what I need to do. I know the staff and they know me so between us we get along very well.”

From our observation and what people told us we found staff were kind and compassionate and treated people with

respect. Staff were able to tell us about the individual needs and wishes of people and gave examples of how they promoted privacy and dignity when supporting people. People looked clean, tidy and were nicely dressed.

People’s visitors also spoke positively about the care and support their relative received. We were told they were able to visit at any time and were able to meet with their relative in their own room or in communal areas, if they preferred. One visitor told us, “I visit my mother a few times a week. I am happy with the way they look after her and the patience they show as my mother is often very confused and can be awkward.”

Other visitors told us, “They [care staff] keep in contact if there are any changes”, “I am always kept informed about how she is doing” and “If I pass on to them [staff] that she needs anything they will always check up on her.”

We saw that individual care records were in place for people living at Passmonds House. The manager was in the process of transferring information onto new care plan documentation. Plans explored people’s physical and health care needs and provided staff with clear direction about how their needs were to be met.

Is the service responsive?

Our findings

The manager told us that they or a senior member of staff would meet with prospective residents and their relatives prior to admission to discuss their needs and wishes. We spoke with a person who had recently moved into the home. They told us they had been involved in the decision about their move to the home and had met with the manager to discuss their needs. We saw that information had also been gathered from a previous care provider. This information was used when deciding if the person's needs could be met at the home.

The relative of another person who had recently moved to the home told us; "The initial meeting with the manager had been helpful, everything was explained and we were told what we could expect." They added, "Staff have been caring and supportive". Care records we looked at showed people's needs were assessed before they were admitted to the home. This information helps staff determine if they are able to provide the care people need.

Care files we looked at focused on the physical care needs of people and lacked some information about their preferences, likes, dislikes and routines. We saw care plans were reviewed each month and updated where necessary. People we spoke with were aware that information was available to guide staff about the care they needed, however people were not able to say how often their care needs were reviewed. Whilst the manager showed us new documentation that was being introduced and would provide a more holistic plan of care, these had yet to be completed. We were told by a senior care worker that the 'outreach team' who supported people living with dementia had agreed to provide the team with training in 'Life Stories'. People's care records should reflect their needs, wishes and preferences, with the aim of maintaining and developing their personal identity. This meant there was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they received the support they required to meet their health care needs. We saw a person return to the home having been escorted by a staff member to a hospital appointment. We were told people were always escorted by staff unless they preferred to go alone or with a family member. Information regarding the person's medication and health care needs was always provided so that continuity in care could be maintained.

We saw an activity worker had recently been employed to work at the home three times a week. A programme of activities was displayed and we saw some people taking part in a quiz. People who chose not to take part or were unable to spent time relaxing in the lounge or the privacy of their room. The activity worker told us, "I do my best to motivate the residents but it is very difficult for some of them." One person told us, "I'd like to visit the Lake." Staff said a trip was being arranged. We were told that alternative activities were being explored. People should be provided with opportunities during their day to participate in spontaneous and planned activity that are meaningful to them and that promote their health and mental wellbeing.

We did see throughout the inspection, some people living at the home were able to follow routines of their own choosing. People were seen to go out independently. One person told us "I'm off to the chess club", another person had been out walking and another had visited the local shops. One person we spoke with said they spent a lot of time in their own room listening to music as they felt they had little in common with other people living at Passmonds House. Another person said they liked weight lifting whilst a further person said they liked knitting. Both said they were able to enjoy these past-times. A number of people were also seen having the hair done by a visiting hairdresser. One person told us, "I like to get my hair done each week; it gives me a good feeling."

We looked at how the manager addressed any issues or concerns brought to her attention. The manager said that since the last inspection there had been two complaints. The manager told us what steps she had taken to address the concerns and showed us records to evidence this. We saw information included the investigation and correspondence sent to the complainants. Where necessary the manager had taken action to address the identified poor staff practice.

Whilst looking around the home we saw a copy of the complaints procedure was displayed for people to refer to. We were shown a copy of the homes 'service user guide' which also included details of the complaints procedure. The manager said this was given to prospective residents during the admission process and a copy was available in people's rooms. This was confirmed by a visitor and when viewing bedrooms.

Is the service responsive?

People we spoke with did not raise any issues or concerns. They told us they felt able to speak with staff or the manager if they needed to. When asked, one person said, "About complaining, I did have a discussion with them about the food a while back, I wouldn't call it a complaint,

but the owner's wife came to see me and they sorted it out." A visitor said, "We have no complaints at all here .The staff are fine and, if they were not, we would soon tell them."

Is the service well-led?

Our findings

The home does not have a registered manager. The current manager was appointed in June 2014 immediately following the resignation of the registered manager. An application to register with CQC had been made by the manager in November 2014 however this was rejected due to the application being incomplete. During this inspection the manager confirmed that the relevant amendments had been made and the application had been resubmitted. We confirmed an application had been received by the CQC following our inspection.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider said they had experienced technical issues when submitting the document. A completed PIR was not received.

We reviewed the homes 'Statement of Purpose'. Information did not reflect the range of support provided at the home, including the needs of people living with dementia or a mental health condition. Our findings during this inspection also identified improvements were required to support the individual needs of people, such as appropriate training, opportunities for stimulation and a therapeutic environment were not available to meet people's specific needs. Following the inspection we received notification from the provider with regards to a change to the homes 'Statement of Purpose'.

We spoke with five staff about what it was like to work at Passmonds House. Staff were able to tell us what their understanding was of the whistle blowing procedures. Staff knew who they could contact outside of the home if they felt their concerns had not been listened to. One staff member said, "There's good communication within the team and I am confident the manager would take action to address any issues should she need to."

Three of the five staff we spoke with said they thought they team was well led and said they enjoyed their work. Staff said they had a good relationship with the manager and provider. One staff member said, "You can approach them [management] about anything". Another staff member told us they enjoyed coming to work, adding "I love it". Other comments included, "The manager is dealing with things"

and "Things are improving". In contrast, two staff said if they raised any issues 'nothing got done'. Some staff said not everyone worked together as a team and one staff member told us they felt staff morale was low.

We looked at what opportunities were available for staff to discuss their work and any issues they may have. We were told by care staff and the manager that individual supervision meetings were held as well as quarterly team meetings. We saw records were made to evidence these had taken place. Handovers were also undertaken twice a day at shift change. Senior care staff said 'senior meetings' were also held to discuss specific areas relevant to their role.

We looked at how the manager was monitoring the quality of the service provided. The manager told us that audits had been introduced to monitor different areas of the service such as the environment, medication, infection control, complaints, accidents and care records. We were shown evidence of such records, which had been completed on a monthly basis. Records showed that action plans were drawn up where improvements were needed and monitored each month to ensure relevant action had been taken. For example, in December 2014 it was identified on the environmental audit that a number of beds were in a poor condition and needed replacing. During our inspection we saw maintenance staff had taken delivery of beds and were putting them in people's rooms.

We were told by the provider and manager that additional advice and support had been sought from an external quality assurance service. The purpose of this was to further develop the quality monitoring systems and record keeping within the home. This also included a review of all the current policies and procedures. The manager said that she was also able to monitor the completion of the new e-learning training provided for all staff, making sure this was kept up to date.

The manager told us that feedback surveys were used to seek the views of people living at Passmonds House, their relatives and staff. Feedback surveys had only recently been distributed to people and their visitors. The staff and manager told us that 'resident and relative meetings' were held every two or three months however had not been well attended. A further meeting had been planned for February 2015 and we saw a poster displayed in the home advising people of this.

Is the service well-led?

The manager told us she was exploring other ways in which to monitor, support and develop the service. The manager was a member of the local authority provider group and training partnership, and attended regular meetings where good practice advice and support was shared.

Prior to our inspection we reviewed our records and saw that events such as accidents or incidents, which CQC should be made aware of, had been notified to us. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations
2010 Safety and suitability of premises

Not all areas of the home were adequately maintained. Nor did the design and layout promote the well-being and quality of life for people living with dementia.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations
2010 Consent to care and treatment

Suitable arrangements were not in place for obtaining, and acting in accordance with, the consent of people living at the home in relation to the care and treatment provided for them.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations
2010 Requirements relating to workers

People were not protected against the risks of unsafe or inappropriate care and treatment as care records did not reflect the individual needs, wishes and preferences clearly directing staff in the delivery of care.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations
2010 Supporting staff

Staff had not received appropriate training in the specific needs of people ensuring they had the knowledge and competencies needed to support people safely and to an appropriate standard.