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Greensleeves Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 13 and 20 September 2016 and was unannounced.

Greensleeves Care Home is registered to provide accommodation and personal care for up to 40 older people, most of whom were living with dementia. At the time of our visit there were 32 people living at the home. The home does not provide nursing care. The accommodation was arranged over two floors with a lift for accessing each floor. The home offered single bedrooms with en-suite facilities. The communal areas included two lounges and separate dining room. The home had a well maintained garden and patio area. Greensleeves Care Home is situated in Crawley, West Sussex. The home is situated in a residential area, close to the town centre and local amenities.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people were not managed consistently. Systems were in place to identify and reduce the risks to people who used the service. However, these were not followed up or reassessed to monitor if the actions taken had been effective. Identified risks were not always translated into people's care plans and there were not always guidelines for staff to follow.

People and their relatives said they felt safe at the service and knew who they would speak to if they had concerns. The service followed the West Sussex safeguarding procedure, which was available to staff. Staff knew what their responsibilities were in reporting any suspicion of abuse.

People were treated with respect and their privacy was promoted. Staff were caring to the needs of the people they supported. Staff sought people's consent before working with them and encouraged and supported their involvement. People did not receive care and support in line with the Mental Capacity Act 2005. Mental capacity assessments had not been completed for any of the people living at the home. People were assumed to lack capacity as they were living with dementia. The MCA code of practice clearly states that capacity must be presumed unless proven otherwise and assessments are time limited and decision specific, a 'blanket' assessment of people's capacity is not appropriate.

The atmosphere in the home was happy and calm. People were involved in activities and were encouraged to participate. All people we spoke with told us they liked the staff and were happy at the home.

People were supported to eat and drink enough to maintain their health. However, some people had all of their food pureed all together and not as individual items. This meant that people could not taste or see the different colours of individual foods as all food would look the same. People received all of their food in this way because they had, "Stopped eating". They had not been assessed by a dietician or a speech and

language therapist (SaLT) to ascertain why and if a pureed diet was necessary. This was not translated into people's care plans. There was a lack of guidelines for staff to follow to ensure that people received consistent care. People's care plans were brief and contained contradictory information. Other care plans used words that were open to each member of staff's own interpretation, such as, 'Aggressive,' 'Angry outburst' and 'Difficult'.

Medicines were administered safely. Staff received training to enable them to do their jobs. The registered manager had a training plan in place to address shortfalls in staff training. They felt the support received helped them to do their jobs well.

There were no domestic or kitchen staff during the weekends. This meant that care staff were also responsible for carrying out additional tasks and could not focus on providing care. We have made a recommendation that the weekend staffing numbers are reviewed.

The registered manager followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

People benefited from receiving a service from staff who worked well together as a team. Staff were confident they could take any concerns to the management and these would be taken seriously. People were aware of how to raise a concern and told us they would speak to the registered manager and were confident appropriate action would be taken. It was not clear during our visit how the service obtained people's views on the care they received. We have made recommendations regarding this.

The premises and gardens were well maintained. Maintenance and servicing checks were carried out. The service had a computerised quality assurance audit system in place. However, these audits were not always successful in identifying problems. During our inspection we found shortfalls in the service that had not been previously identified.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read what action we have told the provider to take at the back of this report.

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.

Risks to people were not managed consistently.

Care staff were responsible for carrying out additional tasks at weekends and could not focus on providing care as there were no domestic or kitchen staff.

Staff understood their responsibilities to protect people from abuse.

People told us they felt safe living at the home.

Medicines were administered safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Mental capacity assessments had not been completed for any of the people living at the home to assess whether a Deprivation of Liberty Safeguards authorisation was appropriate.

Staff received the training they needed to be able to provide safe and effective care.

People told us that food at the home was good. However some people had all of their food pureed together without having sought appropriate advice from SaLT or dietician.

People were supported to access healthcare services.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect; their dignity and privacy were upheld.

People were treated with care.

There was a friendly and relaxed atmosphere in the service with good conversation and rapport between staff and people.

Is the service responsive?

The service was not always responsive to people's needs.

People's care plans were brief and contained inaccurate information putting risk of inconsistent and uncoordinated care.

People were occupied and had a variety of activities which gave their life meaning and purpose.

People were encouraged to raise any concerns. Complaints were investigated.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The quality assurance systems in place had not identified shortfalls in the service. The home did not effectively monitor and improve the quality and safety of the service.

There was an open culture in the service. Staff felt comfortable to raise concerns if necessary.

Staff were aware of their roles and responsibilities.

Requires Improvement ●

Greensleeves Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 13 and 20 September 2016 and was unannounced.

One inspector undertook this inspection.

Before the inspection, the provider completed 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. We also reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at care records for three people, medication administration records (MAR), a selection of policies and procedures, three staff files, staff training, induction and supervision records, staff rotas, complaints records, accident and incident records, audits and minutes of meetings.

During our inspection, we observed care, spoke with three people who lived at the service, the registered manager, the business manager, the deputy manager, four care staff and some domestic, kitchen and activities staff. Following the inspection we contacted professionals who had involvement with the service to ask for their views and experiences. This included a visiting occupational therapist, the integrated response team, West Sussex County Council contracts and a social worker. We also received feedback from six relatives.

This was the first inspection of Greensleeves Care Home since a change to the provider's registration in December 2014.

Is the service safe?

Our findings

Risks to people were not managed consistently. Systems were in place to identify and reduce the risks to people who used the service. Risks identified included people at risk of developing pressure sores and people at risk of falls.

Some people had been identified as at risk of developing pressure sores. We saw that this was not translated into people's care plans. This meant that there were no guidelines for staff to follow to reduce this risk. Pressure relieving mattresses were in place for people deemed at risk. However, there was no information available regarding the settings for the mattresses. We saw that all three mattresses were at the same pressure setting despite the people having different weights. The staff had not checked whether the mattresses were at the correct settings. This placed people at risk of developing pressure sores.

Some people had been identified as at risk of falls. We were told that action had been taken to reduce the risks, for example bed and floor sensors were in place to alert staff. However, these were not followed up or reassessed to monitor if the actions taken had resulted in a reduction of falls. The manager was not able to provide any evidence that the introduction of bed and floor sensors had led to a reduction in the number of falls. We looked at the home's falls records; these showed that 82 falls had been recorded in the year [2016] to date [September]. During this time the home had notified the Commission of two falls that had resulted in fractures.

People's care plans included their risk of falls; however there were no clear individual guidelines for staff to follow to reduce people's risk of falls. All three of the people's care plans we looked at stated that they should be in the lounge if they are at risk of falls. One care plan stated, 'To ensure bed sensor is working to alert night staff to any movements and to bring her down stairs to the lounge if she is wandering around too much putting herself at risk of falls.' Another stated that, '[Name] to be brought out of her room when up and wandering.' There was no information available as to how people being in the lounge would reduce their risk of falls.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

A visiting healthcare professional told us that, "On several occasions we found there were insufficient staff on duty, which often led to the residents from the second living room, being transferred to the main one." This professional also said, "The home do not use agency staff which puts extra pressure on the home to cover shifts internally. It was reported to us by staff that this is a particular problem at weekends as they are expected to cook as well as support residents with care." Relatives told us, "My one criticism is maybe they should have 1 member of staff with the residents at all times. My mum has been involved in some incidents which may have been prevented if a member of staff has of been there." A visiting Community Psychiatric Nurse (CPN) had recorded in a person's notes, in August 2016, that, 'There may be an issue with staff to patients ratio'.

The care staff team employed included the registered manager, the deputy manager, four senior carers, 12

daytime care staff and five night care staff. Additional staff included a business manager, facilities manager, three domestics, a cook and a kitchen assistant. The registered manager told us that the staffing numbers had always been the same. We were told that people's support needs were not taken into consideration when completing the staffing rota. Staffing rotas for the past four weeks demonstrated that staffing numbers were deployed consistently at six staff in the morning, five in the afternoon, four in the evening and two at night. The business manager told us that they were interviewing staff in order to increase the night time number to three staff. In addition to this, during the week, there were ancillary staff for specific tasks, for example, kitchen and domestic staff. This ensured that care staff could focus on meeting people's needs. However, we were told and records confirmed that there were no domestic or kitchen staff during the weekends. This meant that care staff were also responsible for carrying out additional tasks. This meant that during the weekend there were not always enough staff deployed to meet people's needs.

We recommend that the service reviews the weekend staffing numbers to ensure that the care staff are able to focus on meeting people's needs and consistency of staffing numbers is maintained seven days a week.

People looked at ease with the staff that were caring for them. All people we spoke with told us that they liked the home. We were told that, "I am happy here." People told us that they liked the staff, "Everyone is marvellous, nothing could be better."

People benefited from a service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding adults at risk. Staff were able to describe the action they would take to protect people if they suspected they had been harmed. They said that they would raise any concerns with a senior member of staff. The registered manager knew when to report concerns. She told us that she would inform the local authority and the CQC. The service followed West Sussex policy on safeguarding; this was available to all staff as guidance for dealing with these concerns.

People told us that, "The environment is like a 'home from home'" and, "It is clean". A relative said, "The main living areas and my mother's own bedroom are always clean, tidy and fresh."

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff were recruited in line with safe practice and staff files confirmed this. For example, references obtained and appropriate checks undertaken to ensure that potential staff were safe to work with adults at risk. Staff records showed that, before new members of staff started work at the service, checks were made with the Disclosure and Barring Service.

Peoples' medicines were administered safely. We observed the morning medicines being given. Staff carried out appropriate checks to make sure the right person received the right medicines and dosage at the right time.

Some people were prescribed medicines to be taken 'as required' (PRN). There were clear guidelines for staff regarding administration of PRN medicines. We saw that these were given in accordance with people's needs. People were asked if they needed assistance to take medicine, and any help was given in a discreet and caring way. Staff only signed the Medication Administration Record (MAR) sheets once they saw that people had taken their medicines. Medicines were recorded on receipt and we saw the records of disposal. Medicines we checked corresponded to the records which showed that the medicines had been given as prescribed.

People's medicines were kept securely. We observed that all medicines were kept secure. We saw that a

lockable fridge was available to store medicines that required lower storage temperatures. We saw that the temperatures of the fridge and the medicines storage room were monitored and recorded.

Staff told us of the training they had received in medicines handling which included observation of practice to ensure their competence. All the staff we spoke to regarding the administration of medicines told us that they felt confident and competent and our observations confirmed this.

Is the service effective?

Our findings

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff had completed 'online' training for MCA and DoLS. Staff had limited knowledge and understanding of the MCA and DoLS. There was confusion about current best practice in relation to DoLS and mental capacity. We were told that none of the people living at the home had capacity as they were living with dementia and people were not able to leave the property unescorted by staff. Mental capacity assessments had not been completed for any of the people living at the home. The MCA code of practice clearly states that capacity must be presumed unless proven otherwise and assessments are time limited and decision specific. A 'blanket' assessment of people's capacity is not appropriate, nor is presuming their incapacity without a robust assessment of people's ability to make certain decisions. Without people having their capacity assessed it was not clear whether they were being deprived of their liberty. The poor knowledge amongst staff indicated a lack of knowledge of current good practice around MCA.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

During our visit, however, we observed that staff involved people in decisions and respected their choices. We saw that staff had an understanding about consent and put this into practice by taking time to establish what people's wishes were. We observed staff seeking people's agreement before supporting them and then waiting for a response before acting. Staff made sure that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied the person understood the choice available. Other comments from staff included; "People get to choose what they have for lunch." This confirmed staff understanding and practice of people's rights to make choices and give consent.

People had enough to eat and drink throughout the day and night. We saw that people were regularly offered a choice of hot and cold drinks throughout the day and staff made sure people had sufficient drinking water in their rooms. We observed the lunchtime meal experience in one of the dining rooms. We observed many positive interactions between people and staff. The mealtime was an inclusive experience. Staff appeared caring and took pleasure in spending time with people. There was a relaxed and calm atmosphere. People appeared to enjoy their meal. The food we saw had an appetising smell and looked attractive. However we were told that some people had all of their food pureed. We were told that the pureed food was pureed all together and not as individual items. This meant that people could not taste or see the different colours of individual foods as all food would look the same. This was discussed with the

registered manager who told us that two people received all of their food in this way because they had, "Stopped eating". Neither of the people had been assessed by a dietician or a speech and language therapist (SaLT) to ascertain why they had, "Stopped eating" and if a pureed diet was necessary. We saw that this was not translated into people's care plans. This meant that there were no guidelines for staff to follow to ensure that people received consistent care with regards to their diet.

Some people's care plans contained information about their dietary needs and malnutrition risk assessments. Some people's weight was recorded to monitor whether people maintained a healthy weight. However, we saw that the records were not consistently maintained. This meant that staff were not consistently monitoring people and taking action to ensure that their needs were met.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

People and their relatives spoke positively about staff and told us they had confidence in their skills and knowledge. Relatives told us, "I am very impressed with the standard of care" and "Staff are always friendly and helpful".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff received regular training in topics including, moving and handling, food hygiene, fire safety, infection control and caring for people living with dementia. The staff training records showed some gaps, some staff had not received the required training. The manager told us, and was able to demonstrate, that there was a plan in place to address the shortfall in staff training. For example, we saw that MCA training was booked for later in the month. Staff were positive about the training opportunities available. They told us that they felt confident and well trained to do their jobs.

New staff were supported to understand their role through a period of induction. They were required to complete training courses and work towards the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. New staff undertook a period of shadowing when they worked alongside an experienced staff member. Their progress was reviewed informally on a frequent basis by the registered manager and their contract of employment was confirmed when they had achieved a satisfactory level and were confident in their role.

People were supported by staff who had some supervisions (one to one meetings) with the registered manager. Some staff had a supervision meeting recorded; however these records were not available for all staff. The registered manager told us that she also carried out observations of staff practices. The service was unable to evidence how often supervisions took place and there were no records to demonstrate that observations took place. However, all staff we spoke with told us they felt supported by the registered manager, and the other staff. They said there was opportunity to discuss any issues they may have.

Staff told us there was sufficient time within the working day to speak with the registered manager. During our visit we saw good communication between staff and the registered manager or deputy. Staff told us that they could discuss any issues or concerns during the shift handover. Staff felt that they were inducted, trained and supervised effectively to perform their duties.

People had access to health care relevant to their conditions, including GPs, district nurses and chiropodists. Staff knew people well and referrals for regular health care were recorded in people's care records.

Is the service caring?

Our findings

People received care and support from staff who knew them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Everyone we spoke with thought people were well cared for and treated with respect and dignity. People were full of praise for the staff. People described them as, "Friendly" and "Helpful". Relatives told us that, "They [staff] have all been so kind and understanding" and, "I have been so impressed with the care, patience, compassion and gentleness that the staff show the residents".

Throughout our visit staff interacted with people in a warm and friendly manner. Staff described how they maintained people's privacy and dignity by knocking on doors, waiting to be invited in. Staff focused their attention on providing support to people. We observed people smiling and choosing to spend time with staff who always gave them time and attention. Staff knew people's individual abilities and preferences, which assisted staff to give person centred care. Staff walked with people at their pace and when communicating with them they got down to their level and gave eye contact. They spent time listening to them and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious.

Relatives told us that they felt welcome guests at the home and that they were kept updated with any issues concerning their family member's care. One relative told us, "We are kept informed with any changes" and that they have, "Total trust" in the staff.

Staff we spoke with were aware of people's personal preferences; although information regarding people's individual likes and dislikes was not recorded. People told us they received the care that they wanted and were happy with the care received. Staff knew what people could do for themselves and areas where support was needed. Staff knew people's needs, traits and personalities. They were able to talk about these without referring to people's care records. During our visit the service was not able to show us any clear evidence of how people were supported to express their views about their care. This was discussed with the manager. It was not clear whether the service had a system in place for people to share their view, however the manager told us that she had been, "Talking to people".

We recommend that the service keeps a record to evidence how people are supported to express their views about their care.

Relationships between people and staff were warm, friendly and sincere. Staff chatted with people who appeared to enjoy their company. Staff said that they believed that all staff were caring and were able to meet the needs of people.

The overall impression was of a warm, friendly and lively environment where people were happy.

Is the service responsive?

Our findings

People's care needs were assessed before they moved to the home. This helped to ensure the staff could meet people's needs. We saw that an initial assessment had been carried out by people's social workers. This information had been shared with the registered manager who then visited people prior to their admission.

We found that the registered manager and staff were aware of people's needs and how to meet them. However, people's care plans were brief and did not give staff sufficient detail for staff to be able to ensure consistent care. For example, one person's care plan stated, 'Observe and monitor body language signs'. Other care plans used words that were open to each member of staff's own interpretation, such as, 'Aggressive,' 'Angry outburst' and 'Difficult'. We found that care plans contained contradictory information. One care plan stated that the person, 'Enjoys going out,' but also said, 'Does not go out' and 'Needs to be accompanied on outings.' Care plans were not updated to reflect people's current needs. For example, one care plan gave details of a person's leg ulcer, which we were told had healed but this was not recorded. This meant people were at risk of inconsistent and uncoordinated care, especially if new staff were recruited who were unfamiliar with people's current needs.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

Staff maintained a daily record for each person that recorded the support they had received. Staff did a verbal handover each shift to ensure that all staff were aware of people's needs and had knowledge of their well-being. This ensured that any changes were communicated so people received care to meet their needs.

People and relatives felt that staff understood and responded to people's needs. One person told us, "They're very kind and thoughtful". A relative told us, "I would have no hesitation at all in recommending Greensleeves to anyone who was looking for a care home for a loved one with dementia. I have noticed with my mother that as the illness has progressed, her needs and her personality are also changing, and the staff at Greensleeves really do seem to be very knowledgeable about dementia care and all the challenges it brings."

People were engaged and occupied during our visit; there was a calm atmosphere within the home. We saw that some people were interacting with each other and chatting with staff. Staff and people told us that they liked each other's company. People had a range of activities they could be involved in. This included visiting entertainers, music and movement, bingo and watching television and films. People were able to choose what activities they took part in. People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. All people we spoke with told us that they were happy with the level of social interaction and activities provided. A relative told us that their mother, "Really enjoys the singers and musicians when they visit, and it is lovely to see her joining in with songs and tunes which have been buried in her memory".

The service had a complaints policy and complaints log was in place for receiving and handling concerns. People told us they were happy at the home and had no cause to complain. Relatives told us that were confident that any issues raised would be addressed by the registered manager. One complaint had been received in the last year which had been appropriately investigated and resolved in line with the provider's complaints policy.

Is the service well-led?

Our findings

As part of our inspection process we looked to see whether audit and quality assurance systems had been effective in identifying and addressing problems. The service had a computerised quality assurance audit system in place. However, these audits were not always successful in identifying problems. During our inspection we found shortfalls in the service that had not been previously identified. For example there were shortfalls in staff knowledge and application of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The environmental audits did not include the monitoring of hot water temperatures at outlets. This meant that the service was not able to demonstrate that all hot water output was at the required safe temperatures. Accidents and incidents, including falls, were recorded. However they were not audited to look for any trends. The service could not demonstrate that they had taken action that had resulted in a reduction in the number of falls. We saw that the audit systems had not identified the issue we found with incomplete and inaccurate care plans. Therefore the provider did not have a robust or effective system to monitor and improve the quality and safety of the service.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

The home had a positive culture that was open, inclusive and friendly. People appeared at ease with staff and staff told us they enjoyed working at the service. The registered manager had been in post for two years, she told us that she had worked at the home for about 12 years. People knew who the registered manager was. A person living at the service told us that they liked the registered manager and she was, "Lovely".

The registered manager told us that she spent time with people on a daily basis and knew them well. We observed people approaching the registered manager and vice versa. It was apparent that people felt relaxed in the registered manager's company and that they were used to spending time with her. We were told that surveys had been sent to relatives to obtain their views on the service. However there was no clear evidence available during our visit that the people at the home had been given the opportunity to feedback about their experiences of their care.

We recommend that the service introduces a formal system to record people's views about their care.

Various meetings were held in order to share information. Those meetings included: three monthly management meetings, three monthly senior staff meetings, six monthly all staff meetings and daily handover meetings. We sampled the minutes and saw the all staff meetings included the care staff and the domestic staff and helped them keep up to date with what was happening at the service. Staff used the meetings as an opportunity to communicate any changes. Staff were aware of what their roles and responsibilities were and the roles and responsibilities of others in the organisation.

Staff we spoke with felt they were receiving a high level of support from the manager. They were happy their training was equipping them for their role. They said the registered manager was open and approachable and they would go to her if they had any queries or concerns. Staff felt confident to raise any concerns. They told us that the manager has an open door and "We can speak to her." Staff felt supported by the manager

and told us that the home was well led. Staff told us, "She [manager] has plenty of time for the residents" and "She is good, brilliant". All interactions we observed between staff and people living at the service were respectful, friendly and professional. People were confident and comfortable with the staff on duty. We saw a number of occasions that staff and people were laughing and joking together as they went about their day. There was a positive and cheerful atmosphere apparent.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People were at risk of unsuitable care because their care plans did not identify their specific care needs and preferences and how these needed to be met by staff.</p> <p>Regulation 9(1)(a)(b)(c)(3)(a)(b)(i)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider did not have effective systems and processes to ensure action was taken to assess, monitor and manage risk.</p> <p>Regulation 12 (1)(2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Sufficient systems were not in place to ensure that people received care and support in line with the Mental Capacity Act 2005. People's capacity had not been assessed.</p> <p>Regulation 13 (4)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care

governance

The registered provider did not effectively use systems and processes in place to assess, monitor and improve the quality and safety of care.

Regulation 17 (1)(2)(a)(b)(f)