

United Response

United Response - 2a St Alban's Close

Inspection report

2a St Alban's Close

Harehills

Leeds

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Website: www.unitedresponse.org.uk

Date of inspection visit: 06 January 2016

Date of publication: 10/03/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



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



Overall summary

This was an unannounced inspection carried out on 06 January 2016. Our last inspection took place on 24 July 2013 and we found the provider met the regulations we looked at.

United Response - 2a St Alban Close provides care and support for up to four people with learning disabilities. Local shops and community facilities are a short walk away in the Harehills area of Leeds.

At the time of our inspection the service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the

Summary of findings

Health and Social Care Act 2008 and associated Regulations about how the service is run. We found there was a manager in post who was intending to register with the CQC.

Relatives felt their family members were safe and staff knew how to identify different types of abuse as well as who to report concerns to. Where action had been identified in response to a safeguarding incident we saw this had taken place. We found risk assessments in place in care plans, but saw these were not regularly reviewed and some required more detail. There was a risk to people's safety because medicines were not always managed consistently and safely. We saw fire safety was well managed.

Mental capacity assessments had been completed as part of the application for Deprivation of Liberty Safeguards (DoLS), but these assessments were not decision specific. People's care plans contained sufficient and relevant information to provide consistent care and support.

We found there were insufficient numbers of suitably qualified and experienced staff consistently on shift. We saw recruitment was generally well managed, but found the manager had started working unsupervised before the provider had received a response from the Disclosure Barring Service (DBS) regarding their suitability to working with vulnerable adults.

Staff were suitably qualified and competent in their roles and relatives confirmed this. Staff received an appropriate induction and a range of further training. Some gaps existed in staff supervision records.

There was opportunity for people to be involved in a range of activities within the home or the local community. People had access to food and drinks. People received good support which ensured their health care needs were met. Staff were aware and knew how to respect people's privacy and dignity, but we witnessed poor practice on the day of our inspection.

The manager was appreciated by staff and they were supported by an area manager who regularly visited the service. People had been given opportunity to comment on the quality of service, but we were unable to see how their feedback affected service delivery. Complaints had been recorded, but the details including the response to these were not available to us during the inspection.

We found breaches of regulations 19, 12, 18 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

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Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe

Staff files we looked at showed on the whole appropriate checks had been made when they were recruited. However, the manager of the service had commenced work without a DBS check having been completed.

Senior care staffing cover was not always in place and staff told us there were insufficient staffing levels often due to sickness.

The systems in place to manage medicines were not safe. Records had been completed ahead of time and there were some gaps in recording the administration of medicines.

Inadequate



Is the service effective?

The service was not always effective in meeting people's needs

Staff worked with health professionals to ensure people received treatment they needed.

Staff were suitably qualified and competent in their roles. They received an appropriate induction and a range of further training. Some gaps existed in staff supervision records.

Mental capacity assessments were on file, but were not decision specific. DoLS applications had been made and most requests had been granted by the local authority.

Requires improvement



Is the service caring?

The service was not always caring

Staff knew how to protect people's privacy and dignity, although we did not see this in practice.

We saw friendly interactions between people and staff, which were kind and caring.

Relatives were able to visit their family members without any restrictions.

Requires improvement



Is the service responsive?

The service was not always responsive to people's needs

A list of complaints were noted, although the manager was unable to show us how these had been investigated and what action had been taken in response.

Care plans were detailed and described how people wanted to be cared for and what was important to them. Care plan reviews were not completed in sufficient detail.

Requires improvement



Summary of findings

People were supported to access a range of activities in the community and there was also stimulation available to them in the home.

Is the service well-led?

The service was not always well-led

The manager who was new in post was liked by staff and relatives. The manager was receiving support from other registered managers and the area manager who was actively involved in the running of the home.

Quality monitoring processes were in place. Quarterly audits were carried out, although not all of these were effective. The area manager carried out a separate audit every six months.

Resident and relatives meetings were not taking place, although they were asked for their feedback through surveys. The provider held regular meetings with staff.

Requires improvement



United Response - 2a St Alban's Close

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 06 January 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

At the time of our inspection there were four people living at the home. During our inspection we spoke with three

relatives, three members of staff, a visitor, two health professionals, the manager, the area manager, the interim director and the registered manager of another home operated by the same provider. We spent time looking at documents and records that related to people's care and support and the management of the service. We looked at two people's care plans.

Before the inspection, the provider had 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 all the information we held about the service. This included any statutory notifications that had been sent to us.

Is the service safe?

Our findings

We looked at three recruitment files and found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home, which included a disclosure and barring service (DBS) check. DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We found the manager of the service had started work without all the necessary checks having been completed or a supervision programme in place. We were told an application had been made to the DBS, although the provider had yet to receive details of the completed DBS check. We looked at the provider's recruitment policy which stated any offer of employment would be subject to pre-employment checks including a DBS. This meant people living in the home had not been adequately protected from the risk of harm as a result of the provider not following their own policy. We spoke with the interim director for the area who assured us immediate steps would be taken to ensure the manager was accompanied by a registered manager from another service whilst they were on site. We concluded this was a breach of Regulation 19, Fit and proper person employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One relative we asked about medication told us, "Yes. It's all logged. The amount and the time it was taken. I check the chart." Another relative told us, "They're very competent. They're on top of everything." We spoke with a health professional who told us, "I've no concerns regarding people not getting their medication." The staff files we looked at showed staff had been assessed and signed off as competent to administer medicines.

We looked at medication administration records (MAR) for two people. These folders contained a photograph of the person and details of any allergies. We found staff were pre-completing one person's MAR to show when their medicine would not be required. However, we found staff had incorrectly disregarded the dates when the medicine would be needed. We found there were gaps in the recording on MAR's where nothing had been recorded against several dates. This meant it was not clear whether the person had received their medicine. We discussed this

with staff who were not able to identify whether medication had been given on these dates. We saw where deliveries of medicines were recorded on MAR charts, although we could not check stock levels of some medicines against the MAR as staff were not recording balances brought forward from the previous period.

We spoke with a staff member who told us none of the people living in the home had been prescribed controlled drugs. We asked staff about protocols for 'as and when required' (PRN) medicines. They told us they did not have any guidance in place which would inform staff when PRN medicines should be administered.

We saw medicines which needed to be refrigerated were kept in a fridge. Staff told us they were monitoring the fridge temperature to ensure the medicine was stored at the correct temperature, although we found they were not recording these checks. Other medicines were stored in lockable cabinets in people's rooms. We saw staff were recording temperatures in these areas, although checks in two people's rooms showed temperatures were not recorded on a total of six dates in December 2015. We spoke with the manager about this and they told us weekly checks on medicines would be introduced. We concluded this was a breach of Regulation 12(2)(g), Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with a relative who told us, "My impression is staffing levels are adequate. There's always two people around when I'm there. Turnover is slow which speaks of good management."

Another relative told us, "There isn't as much continuity as you might want to see." We asked staff about staffing levels and they told us, "It can be hectic if there's two of you on. There definitely needs to be more staff." Another staff member said, "We do get a lot of staff phoning in sick." We spoke with a health professional about staffing levels who commented, "Carers are always on hand."

On the day of our inspection staff told us a trip into the community for one person had to be rescheduled as a member of staff had phoned in sick and no replacement had been found. We asked the manager how they calculated staffing levels and were told they did not have a dependency tool to assess how many hours were needed on each shift. We looked at staff rotas and found over a four week period 17 out of 56 shifts did not have senior care

Is the service safe?

staff cover. Senior care cover is required to ensure there is adequate leadership at all times in services. We concluded this was a breach of Regulation 18(1), Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked relatives whether they felt their family member was safe living in the home. One relative told us, “Yes. Very safe. They can go where they want. They’re not restricted.” A professional we spoke with said, “I think [name of person] is very safe. I’ve never had a concern for their physical or medical safety.”

The provider information return we received before our inspection stated; ‘All of the staff are trained in United Response policy on safeguarding and take part in face to face training this includes awareness of what abuse is, what types of abuse that can take place, how to look for indications that abuse is happening, how to prevent it and how to report it’. Staff we spoke with were able to confidently identify different types of abuse and the different signs they would look for in people’s behaviour which could identify they were being abused. Staff told us they would report any safeguarding concerns to the manager and knew which agencies they could contact externally to report abuse.

We looked at safeguarding records and found detailed investigations had taken place. In response to one incident from October 2015, the previous manager had identified further moving and handling training was required for all

staff. We looked at the training records and found refresher training had been given to staff in November 2015. The training records we looked at showed staff had all received up-to-date safeguarding training.

We saw people had personal emergency evacuation plans and staff had access to a quick reference sheet which identified individual moving and handling needs should the building need to be evacuated in an emergency. Staff were able to demonstrate how they were trained to respond in the event of fire. We saw staff were up-to-date with the fire safety training. We found evidence of a practice evacuation which took place in May 2015. We looked at fire alarm tests and found these were mostly carried out, although there were some gaps in recording which we discussed with the manager. They agreed to look at how this responsibility was allocated to staff.

Individual risk assessments found in people’s care plans covered choking, use of bed rails, keeping safe in the sun and being in the community. We found risk assessments were last updated in November 2014 and required more detail to make them effective. For example, we saw the epilepsy risk assessment for one person did not include information such as any warning signs or the action staff should take in the event of an epileptic seizure. This meant staff did not have sufficient information to instruct them on when to seek medical attention. In both care plans we looked at people had a summary sheet detailing risks and preventative measures staff should take to reduce levels of risk. These were last reviewed in November 2014 and did not contain enough detail to help staff reduce risk.

Is the service effective?

Our findings

The provider information return we received before our inspection stated; 'We always follow professional guidance from those involved in the care and support of the people who live at St Albans and put in place the necessary measures to prevent any deterioration in a person's health'.

One relative we spoke with told us, "Yes. They all know [name of person] and when something's wrong with them." A visiting health professional told us, "If they are worried they'll get in touch."

We spoke with a health professional who told us on occasions staff were a little slow in reporting changes in people's health, although they acknowledged staff had started giving people extra fluids in response to a deterioration in the person's condition. Another health professional told us, "They seek support and utilise the GP practice well."

On the day of our inspection, we saw evidence of staff taking prompt action in response to concerns over people's health and liaising with GP's and the local pharmacy to ensure people had the treatment they needed. We looked at people's care plans and found evidence of staff working with other health professionals including opticians, GP's, dentists, nursing teams and speech and language therapists. People had a hospital passport in their care plan. This provides hospital staff with key information about the person such as medicines and allergies in the event of an emergency admission.

We asked staff about food and they told us, "I actually really like it. The meals are cooked from fresh." One relative we spoke with said, "It's all home cooked, they make sure it's fresh vegetables. Usually they will involve a resident in the process. They're very careful with the food [name of person] can have. They seem to eat very well." We spoke with a visitor who told us, "The foods quite nice. I want to stay for my dinner." A health professional told us they had witnessed staff preparing meals for one person to the required texture to meet their needs. Where people needed supplements in their food, staff were able to identify the people concerned and could tell us the correct amounts which were identified in people's care plans.

We looked at people's weights which we found had not been consistently recorded. The weights for two people had not been recorded from January to June 2015. This

meant the registered provider was unable to identify changes in people's weights and whether additional nutritional support was required. The manager told us they would ensure people's weights were recorded every month or more often if required.

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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with told us they had received training in the MCA and DoLS as part of their induction. The training records we looked at confirmed staff had received training in these subjects. Staff were able to demonstrate their understanding of the MCA and DoLS and how this affected their work with people.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The mental capacity assessments we looked at in people's care plans had been completed as part of the application for DoLS for each person. We found these assessments were generic and did not cover specific decisions which people may not have been able to make on a day to day basis.

Before our inspection we were made aware the provider had submitted four DoLS applications. On the same day as our inspection we saw three applications had been granted by the local authority.

We asked relatives whether they felt staff were well trained and competent in their role. One relative we spoke with told us, "They're very competent. They're on top of everything." Staff we spoke with told us the induction they received consisted of carrying out training and shadowing by other staff members. They were satisfied their induction had adequately prepared them for their role.

Is the service effective?

We looked at staff training records which showed staff had completed a range of training sessions, both e-learning and practical. These included first aid, health and safety awareness, safeguarding and equality and diversity. We saw staff training completion levels were high. We also found staff had either started or were scheduled to begin completing the 'Care Certificate'. The 'Care Certificate' is an identified set of standards that health and social care workers adhere to in their daily working life. This programme of training provided to staff ensured they had the necessary skills and knowledge to care for people living in the home.

We looked at staff files and saw staff received regular supervisions and appraisals from January to June 2015. However, from July onwards we found little evidence of these meetings taking place. We found the recording of supervision sessions was detailed and included reflection on staff practice as well as giving staff and the manager a chance to set fresh objectives. We spoke with the manager about this and found they already identified this issue and created a schedule of dates for staff to receive supervision and appraisals in 2016.

Is the service caring?

Our findings

We spoke with staff who were able to tell us how they helped people maintain their privacy and dignity. They told us they would close doors and cover people up when providing personal care. However, during our inspection we saw staff providing personal care to one person whilst the door to their room was open. We looked at the team meeting minutes from November 2015 and found the registered manager at that time had raised concerns around staff protecting people's privacy and dignity. We also found the receivers for a two way monitor system had been left switched on in the lounge area and in a person's bedroom. This meant it was possible to hear staff whilst they were assisting someone in their room. We spoke with the manager who told us they would address this with staff immediately. We concluded this was a breach of Regulation 10, Dignity and respect of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One relative told us, "My experience is there's always been a relaxed feel about the place." Another relative commented on the relationship between people and staff. They told us, "They're all friends. They greet each other the way a friend would do. They have friendly jokes with each other. It's very much a family. It's a really lovely atmosphere. It's been a big relief for me it's worked so well."

During lunch we saw a staff member assisting one person to have something to eat. They spoke gently to them and showed compassion in the care they provided which was unhurried. We saw staff approached people with respect and support was offered in a sensitive way.

One relative told us, "I always get a chance to chat with the staff. It's a very good communication system. They're very

interested in [name of person's] history. Things about the rest of our family." We looked at the care files for two people who used the service. They contained life histories and information about people's preferences. We asked staff about the people they were caring for and how they wanted their care to be delivered. We found staff were able to demonstrate sufficient knowledge of the people they were caring for. Staff told us they had read people's care plans and risk assessments and relatives we spoke also told us this.

We spoke with relatives and asked them whether they were able to visit their family member. One relative told us, "Yes, anytime. Sometimes I just turn up. I can make a cup of tea." Another family member confirmed they were able to visit their relative at any time.

When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy showing staff respected people's belongings.

One relative told us the provider had carefully planned their family member's admission into the service. They had 'taster' visits to the service, where they were able to meet with staff individually. Staff then shadowed on some support tasks to help them become more familiar with the person's care needs. A few weeks after they had moved into the home, a formal meeting with family, the registered provider and other professionals took place to review the arrangement. The person was also invited to attend this meeting.

We asked staff how they maintained confidentiality within the service. One staff member told us they ensured they did not speak about other people's personal issues in the home when they were with another person.

Is the service responsive?

Our findings

One relative we spoke with confirmed they had received details on how to make a complaint. They told us, “Staff are always encouraged to take on board what’s said by a third party. If there’s anything I need to comment on I just speak to staff and they’re responsive.” We spoke with a health professional who told us they would contact the area manager to pass on any concerns.

Other relatives we spoke with confirmed they knew how to complain if they were dissatisfied with the service their family member received. We looked at the recording of complaints and found a log which indicated when complaints had been made including a date, brief description and whether they had been upheld. We asked the manager for details of investigations for the two complaints recorded on file and found these could not be located. One of the entries in the log stated ‘a person we support had stated they were unhappy with the support they were receiving from their support staff’. This meant we were unable to evidence the provider had responded to complaints in line with their complaints policy.

We spoke with a relative about activities who told us, “If [name of person] is showing signs of boredom, they’ll take them out. They’re very concerned to keep people in a busy environment.” We spoke with a visitor who told us, “They seem to be actively taking people out.” A health professional told us, “They arrange a wide range of activities. One person couldn’t access outdoor activities due to illness. Staff accessed intense interaction training to help stimulate the individual with indoor activities.”

Staff told us they took people into the community and also provided people with pampering and nail treatments. We found people were engaged with the local community through horse riding, hydrotherapy, going to the pub and other local clubs. The service had a room containing sensory equipment and we saw one member of staff playing a tambourine to help stimulate a person they were caring for.

The provider information return we received before our inspection stated; ‘United Response’s person centred

planning ensures that an individual’s support is organised with the person at the centre of the planning process, where staff actively listen to what the person wants to achieve and all decisions which affect them’.

Relatives we spoke with confirmed they had access to their family member’s care plan. One relative told us, “Whenever there is anything new to add to it they let me know. We are in open and close contact.”

During our inspection we looked at care plans for two people living in the home. These were person centred and contained important information which staff were able to use to help them deliver effective care. We saw people had a list of goals they wanted to achieve along with notes to show how they were being supported to achieve those goals.

We saw sections including ‘what people like and admire about me’ and ‘how you can support me’ Care plans included information on how people communicate and details of people’s likes, dislikes and interests. Staff told us they had been given time to read each person’s care plan to familiarise themselves with their life history, likes and dislikes as well as their health and care needs. We saw clear guidance for staff on how they should assist people with moving and handling transfers. This included details on which slings and loops to use.

The manager told us care plans were being transferred over to a new format. We saw this process had started and were informed this would be completed by March 2016. We were told reviews would change from quarterly to monthly with an in depth review taking place every six months.

We asked relatives whether their family member was invited to reviews. One relative told us, “Yes. They’re invited to every meeting.” We were told things were explained to the person. They said there were two meetings a year, although additional reviews were arranged as required. Relatives confirmed the involvement of health professionals, the manager and area manager at people’s reviews. We found reviews were taking place on a quarterly basis, although the information recorded was minimal and found to be repetitive with comments such as ‘no change’ often used.

Is the service well-led?

Our findings

At the time of our inspection the registered provider had recruited a new manager. This person was working through their induction and receiving support from the area manager and registered managers of other locations under the registered provider. The manager described the support they received during their induction from the registered provider. They said, "She's been great. She's there if I need her which is exactly what I need." The manager told us they intended to apply to become registered with the Care Quality Commission.

One relative described the manager as, "Terrific. He was very interested in our history. Very good responses to anything I've had to say about the service. He seems to be a very good fit." We asked staff about the support they received from the manager. They told us they appreciated them and said they were approachable. One staff member said, "I think he's really good."

A health professional we spoke with told us, "There's a good management system there." They also said the area manager had been personally involved in attending meetings to ensure people received the support they needed.

Staff confirmed they saw the area manager when they visited, usually every two weeks. One staff member told us, "She comes in for team meetings." We saw evidence of regular team meetings which were held throughout 2015. We found these meetings were comprehensively recorded and showed where actions were required and followed up. At the time of our inspection, the registered provider did not hold resident and relatives meetings.

One relative we spoke with described the culture in the service as, "To have as high a quality of life as possible. I've described it as a family." One staff member told us, "There's a lot of team work in the home and you never feel like you're alone."

We saw evidence of quarterly audits that had been undertaken by the registered managers from the other services run by the same provider. These covered areas such as staff observations, care planning, supervision, fire safety, risk assessments and safeguarding. We looked at samples of these audits from September and December 2015 and found different managers had picked the same care plans to check on both occasions. In the December 2015 audit we saw a box had been ticked to say people's risk assessments were current and had been renewed in the last 12 months. We found the epileptic risk assessment we saw in one of the files they checked was last reviewed on 17 November 2014. The action plans we saw did not identify this as a concern.

We found the area manager carried out a six monthly audit which covered some additional areas to the quarterly audits. We saw evidence of the May 2015 audit which contained more detail and identified how improvements would be made and who would be responsible for them.

We saw evidence of the provider carrying out a survey of people, families and professionals in November 2014 to gauge their satisfaction levels. We were unable to see the feedback for the service we inspected as the results had been recorded for the region. This meant it was not possible to see whether the service had received any feedback and how the registered provider had responded to this.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Recruitment procedures were not established and operated effectively to ensure that persons employed were satisfactory.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

The systems used to record the safe administration of medicines were not robust.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were insufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in the service

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

The provider did not ensure the privacy and dignity of people living in the home.