

Tracs Limited

Ashcombe Court

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



Overall summary

This inspection was unannounced and took place on 7 and 11 September 2015. At our last inspection in August 2013 no concerns were identified.

Ashcombe Court provides accommodations for up to seven people who have a learning disability or mental health needs who require support and personal care.

At the time of the inspection there were seven people living at the home. Ashcombe court has seven bedrooms, two on the ground floor and five on the first floor all have en-suites. There is a communal dining room, lounge,

kitchen for people to make their own drinks in, medication room, office, laundry room, outside front garden and rear patio and seating area. The first floor also has a staff sleeping room and bathroom.

There was a registered manager in post. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present on both days of the inspection.

People could be at risk due to incomplete and out of date records. People felt safe and were supported by staff who knew about abuse and who had attended training. There was a safe system in place for the recruitment of new staff. People had their medication administered safely by staff who were trained and competent in their role. The home had safety checks completed to ensure the building and appliances were safe.

People's rights were not fully protected because they were not supported to access training to enable them to make their own decisions. Applications were not being made when people were having restrictions on their daily routines. Menus were based on people's know likes and meals were flexible to when people wanted them. People who at risk of poor nutrition did not have accurate records completed that confirmed meals and the daily totals.

Staffing levels at the home were good. Staff knew people's individual communication needs and used body language and gestures for people who required additional support with their communication. Staff felt happy and well supported by the management team, they were happy with the training and the improvements made to the staff induction. People were supported by

enough staff and this was provided to ensure people had their support and one to one activities. People had their medication administered by staff who were trained and competent.

People did not always have their needs identified when they changed. Although people were supported by staff who were kind and caring. Staff were able to demonstrate how they gave people dignity and respect whilst supporting them. People received support from people who knew them well and were supported to maintain contact with friends and family. Care plans were person centred and people were able to develop weekly planners that included activities important to them. Reviews were undertaken and involved people and their relatives when required.

Audits in place were failing to monitor the quality of the service relating to accurate records and lack of mental capacity assessments. Not all notifications were being made when required to The Care Quality Commission. There was a complaints and easy read policy in place. Annual surveys were sent to people, relatives and professionals about the quality of the service and all people responded positively to the care they received.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not ensuring people at risk had accurate records that confirmed care and treatment provided to keep them safe.

People were at risk due to lack of personal evacuation plans and an out of date fire risk assessment and protocol.

People were supported by staff who were aware of how to keep them safe and who to go to if they had concerns.

There were enough staff to ensure people had support when required with their care needs. People were supported with their medicines in a safe way by staff who had appropriate training.

Requires improvement



Is the service effective?

The service was not effective. People did not always have their rights protected due to lack of identified training to enable one person to make informed decisions. Deprivation of liberty applications were not made when people had restrictions on their liberty.

Staff received an in depth induction and training was provided to ensure staff had skills and knowledge relevant to their role.

Staff had regular handover meetings and felt well supported. People were supported by staff who knew their communication and support needs well.

Requires improvement



Is the service caring?

The service was caring.

People received care and support from staff who demonstrated respect for dignity and understood people's needs well.

People were supported by staff who were caring and who demonstrated an understanding to people's individual support needs.

People maintained relationships and contact with relatives. Relatives felt involved and happy with the care provided.

Good



Is the service responsive?

The service was not always responsive.

Where people's needs changed the service was not always responding to ensure appropriate support and equipment was available.

People and those close to them were involved in planning and reviewing their care. People were involved in goals and had these planned and evaluated monthly.

Requires improvement



Summary of findings

People were supported to maintain friendships and relationships that were important to them.

Is the service well-led?

The service was not always well-led. Notifications of significant events were not always being made when required to the Care Quality Commission.

People were at risk due to the provider not having robust audits that identified areas of concerns and had a clear action plan to address shortfalls and poor standards.

People, relatives and staff had an opportunity to have their views sought so that improvements could be made for people's care and treatment.

Requires improvement



Ashcombe Court

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 7 and 11 September 2015 and was unannounced. It was carried out by two adult social care inspectors on the first day and one inspector on the second day.

We spoke with five people living at Ashcombe Court, one person declined speaking to us. We spoke with three relatives, three care staff, the registered manager, the deputy manager, the shift leader and an agency member of staff. We spoke with three visiting health care professionals to gain views of the service.

We looked at five people's care records and documentation in relation to the management of the home. This included three staff files including supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises, observed care practices and the administration of medicines.

Before the inspection we reviewed all information we held about the home, including intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us. We also reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

Is the service safe?

Our findings

Although people told us they felt safe at the home, we found the provider was not ensuring people's records recorded checks completed to demonstrate their safety. For example, three people were identified as being at risk due to their known behaviours. Care plans confirmed the risks and when checks should be completed by staff. We found where people were at risk; these checks had not been recorded as being completed. Each person required checks at differing times depending on their circumstance. Care records did not confirm staff had completed the required checks when the persons' behaviour required monitoring. Staff confirmed, "We monitor [Name] when they go upstairs, as they are vulnerable, we sit on a seat and check they are okay" and "[Name] is likely to go out and come back, if we have concerns we monitor them every 15 minutes" and "[Name] will smoke in their room so we need to undertake 30 minute checks".

People who needed monitoring to make sure their risks were managed had records for staff to complete when checks were made. We found the records were not consistently completed which meant it was unclear, through the records, if checks had been completed. The manager confirmed they were not accurate and up to date but introduced a new recording system during the inspection.

People were at risk due to the fire protocol and risk assessment being out of date and incomplete personal emergency evacuation plans. For example, two people did not have a personal evacuation plan in place that identified what support they might require if there was a fire. The fire protocol and risk assessment was also out of date. It contained old information where Ashcombe Court might use another home if people required temporary accommodation. The registered manager confirmed, "We no longer use Holly House." It also contained old dates of when the fire alarm had been serviced and had failed to identify risks where one person recently had not heard the fire test.

People could be at risk of not having their nutritional needs met due to poor records. For example, one person who was at risk of weight loss and who had been losing weight did not have accurate recording charts. Information was missing which related to meals eaten, dates, amounts and totals. Over three days, one chart had a missing breakfast

the person had eaten, and all three charts had missing amounts and totals. One member of staff confirmed they complete daily nutritional records due to this person being at risk. They told us, "[Name] has charts in place and these should be completed at the end of each day." We spoke with the person about the meals at Ashcombe Court. They told us, "Very good choice, I like porridge and bacon and eggs on a Sunday". This meant people could be at risk due to incomplete records relating to their nutritional needs, safety checks, fire risk assessments and personal evacuation plans.

This is a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had support plans and risk assessments that identified risks. Although one risk assessment contained old information relating to when the person used to have more money each week. The money arrangement had changed. This was identified in the evaluation process but had not been updated on the person's main risk assessment. The registered manager confirmed the money arrangement had changed. They confirmed they would address this assessment.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. People were supported by staff one to one within the home. Due to staff vacancies the registered manager confirmed they were using some agency staff. They told us, "We try and use the same agency and block book where able, it helps with consistency of support for people." Staff confirmed there were always four members of staff on duty during the day to support the seven people living at Ashcombe Court. Throughout our inspection staff were available to respond quickly to people's needs. For example, one person requested support from staff to access the community, immediately on awaking that morning. Staff responded quickly to this person's request and they accessed the community with one to one support shortly after asking.

Risks of abuse to people were minimised because there was a robust recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work with vulnerable adults. For example, one new member of staff confirmed, "I didn't start until I had a DBS

Is the service safe?

in place". A Disclosure and Barring Service check (DBS) ensures the member of staff is of good conduct and character. Staff files confirmed interviews, references and a full employment history had been obtained.

People, staff and health professionals told us they felt people were safe living at Ashcombe Court. People told us, "Yes I feel safe", "Yes" and "Yes I do". When we asked one person what made it safe for them, they said, "It feels like home". Staff told us; "I feel people are safe, yes", "Yes [inspectors name] I do feel people are safe and if not I wouldn't sit here and do nothing". One member of staff confirmed the different types of abuse. All staff confirmed they would speak with the registered manager or to the local authority. Staff had received training in safeguarding adults, new staff were booked to attend in the next month. Where allegations or concerns had been brought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. There was a Whistleblowing policy in place and staff felt able to speak up if they had any concerns. All staff felt they would be fully supported throughout the process. One staff member said, "I would not hesitate to speak up if I was worried about anything or anyone."

People received their medicines safely. Medicines were administered by trained staff who wore a high visibility vest to show they were undertaking the medication round. Staff confirmed, "It's really important that we concentrate to prevent mistakes happening". Medicines were locked and stored securely including medicines that required additional security. Medicines administration records were accurate and complete, photographs aided identification. The member of staff giving medicines explained the medicines administration procedures to us and demonstrated a good knowledge of how to maintain safety when storing and disposing of medicines. People who were independent with the medicines had guidelines and support plans in place.

There was a system to ensure checks had been completed on gas, electric, portable appliance tests and water. Certificates confirmed these were in date. This ensured areas of the homes' essential supplies were checked and safe.

Is the service effective?

Our findings

The service was not always effective. Where one person was unable to make decisions the principles of the Mental Capacity Act 2005 had been applied but the restriction on their liberty had not. For example, the mental capacity assessment undertaken in September 2014 had identified areas the person required support with. The person's mental capacity assessment identified they did not have capacity and they could benefit from training in relationships, which could education and give the person knowledge to enable them to make their own decisions. We found no training had yet been actioned to enable this person to make decisions in relation to the identified area of concern.

This person was also not free to move around the home and community. The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have capacity to make certain decisions and there is no other way to look after the persons' safety. No application had been made to their Local Authority even though they were subject to restrictive practices. The registered manager confirmed the person was not free to come and go as they pleased and staff monitored them when alone upstairs in the house. They confirmed during the second day of our inspection they had actioned a referral to the person's funding authority. This meant although they had now taken action, the service was not ensuring people had their rights protected in a timely manner or made sure some people had access to training which might enable them to make informed decisions.

This is a breach of Regulation 11 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had a varied diet and menus were based on people's known choice. Breakfast and lunch was served at various times throughout the morning with some people having these whilst out of the home. During the inspection people sat in the dining room or the lounge area to eat their meals. Staff were present during meals times but people ate without staff support. Care plans reflected people's known choice about their likes and dislikes relating to their diet.

People had access to health professionals to meet their specific needs. People saw their social worker, psychologist and general practitioner when they needed to. One person had been referred for an x-ray and another person was on the waiting list for the pain clinic. The health and Social care professionals that we spoke with all felt the service was good at communicating with them. They told us; "They seem to know people that live here very well, we will get emails and updates from them" and "They are very good at contacting us, they quite often just pick up the phone". Staff felt they worked well with other professionals and services. One member of staff told us, "We asked Coast for support with [Name] medicines, and with their help, the medicines were reviewed and [Name] is no longer lethargic all the time." Coast is a team of mental health workers who support to build a meaningful and satisfying life.

One person during the inspection required additional support from staff with their communication. Staff were developing a communication board to support the person with their communication needs. Staff knew the person well and were able to prompt them with their routine in a sensitive way using hand gestures and body language. People's care plans contained information on how they communicate. For example two people who had a hearing impairment and this was confirmed in their support plans.

Staff told us the induction had improved at the home. There was an opportunity for new staff to obtain the Care Certificate award alongside their induction process. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All new staff completed an induction booklet, staff were positive about the support they received. They told us, "The induction is really thorough and you're really well supported" and "The induction was intense, but it was needed and I felt the company was really investing in me as a new employee". Staff received supervision through their probation period but the registered manager confirmed they were behind with all other supervisions. There was a plan for completing supervisions over the next few months. All staff we spoke with felt well supported and able to approach the registered manager with any concerns or training needs. They told us, "We are a bit behind on monthly supervisions, but I had one last week that lasted two hours, and it was great" and "I've had supervisions roughly every month or so, but I know I can just go to the manager if I need to talk about anything".

Is the service effective?

Staff had handover meetings when they started each shift. One agency member of staff confirmed this worked well. They told us, “I have a handover at the start of my shift. It is a verbal handover and provides the information I need”.

Staff told us they had access to training and felt this was good. They told us, “Training is exceptional.” We reviewed the training matrix which identified training completed by staff. We found staff had received training in moving and handling, safeguarding adults and health and safety and infection control. We found no records that confirmed staff had attended training in the mental capacity act. We requested an update from the registered manager they confirmed all staff had attended this training in the staff meeting in February 2015. Staff were also accessing this training via the online training programme used by the provider. They confirmed dates had also been set up for November with the services clinical lead. This meant people were supported by staff who received training relevant to their role.

The registered manager confirmed staff had access to additional training relevant to the people staff supported. For example, additional training had been provided to staff

in relation to mental health conditions such as personality disorders and acquired brain injuries. Staff were working towards the Care Certificate and staff files contained completed workbooks. The registered manager told us “This was an ongoing process for staff to complete”. Staff confirmed they had received training to support people with their behaviour. They confirmed this provided them with skills to support people at Ashcombe Court.

One person showed us their bedroom. They confirmed it was personal to them. There were pictures and personal belongings which were important to them. One other person we spoke with confirmed how much they liked their bedroom. They told us, “I like my bedroom, this house is much warmer than my last house”. During the inspection we heard one person playing their music in their room and another person spend time in their room. We spoke with one person who was in their room. They confirmed they were tired today and were resting, but that they were happy and felt safe at Ashcombe Court. This meant people had their own space that was personal to them and were able to relax as they wished.

Is the service caring?

Our findings

The service was caring. People and relatives were happy with the care at Ashcombe Court. People told us, “Staff are very good, they try to be helpful” and “Staff are really nice”. Relatives we spoke with told us, “I am very satisfied, the place is lovely. It is always happy and people are smiling”, “[Name] gets looked after well and staff always seem happy” and “People seem happy” People said they were supported by kind and caring staff.

We observed kind and caring interactions between people and staff. People interacted with each other as they went about the home. The atmosphere of the home was calm and relaxed. One member of staff who was an agency worker confirmed, “Staff are approachable and it’s a nice environment”. Staff spoke with people in a polite and respectful manner. For example, one person found hearing difficult. Instead of staff getting louder and louder so the person could hear what they were saying the staff member pointed at their nails. The conversation was about the person’s nails. Straight away the person responded to the member of staff, confirming they wished to have their nails painted.

Care staff were respectful of people’s privacy and maintained their dignity. Staff knocked on people’s bedroom doors and asked if it was okay to go in before they entered. Staff responded quickly to ensure people dignity was respected. For example, where one person was changing their clothes in their room with the curtains open, staff knocked and quickly supported the person with closing their curtains to protect their dignity.

All relatives we spoke with confirmed they kept in touch with their relations. They felt able to visit at any time and confirmed they always felt welcome. People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. One person told us, “I am due my girlfriend this afternoon, we might go out”. They confirmed they were able to go out or stay in, it was up to them.

Care plans contained people’s background, interests, hobbies and religious preferences. People were encouraged to maintain their independence. All of the staff knew the people they were supporting and spoke at length about the level of support each person needed. They knew people’s histories and how that impacted on their current support needs. They also knew people’s preferences and explained how people’s support plans were specific to people’s needs. For example, one person had a goal to make their own meals. The registered manager confirmed this was something staff were encouraging and support the person with as a goal to achieve. Another person was encouraged by staff to make their own breakfast. This meant people were supported by staff to remain independent.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and express their opinions. Staff said some people wanted to be involved in making decisions about their care and some did not. One member of staff said, “I used to be key worker for one person who would quite happily sit and talk through their plan, but the person I am key worker for now, isn’t really bothered, although I always ask them in case they’ve changed their mind”.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and compassionate way.

People were involved in the daily chores around the home. For example, people were responsible for setting the table, cleaning the kitchen, wiping down the work surfaces and emptying the outdoor cigarette bin. One person helped the member of staff to undertake the food shopping for the home that week.

Staff spoke positively about their roles. They said “I love my job; I’m passionate about seeing people as individuals not numbers and I get a lot of personal reward working here” and “I absolutely love my job, it is so interesting and rewarding working here. I really feel as though I have a career pathway here”.

Is the service responsive?

Our findings

The service was not always responsive. People did not always have referrals made when their care needs changed. For example, one person's mobility had become worse over the last few weeks and they were finding some day to day transfers on and off the bed and toilet difficult. They were awaiting one specialist referral but the provider had not considered a referral for their change in mobility. The registered manager confirmed they had purchased a new raised toilet seat but it had not been fitted. We asked them what had been considered about the transfers from the bed and the person's chair. They confirmed no review had been undertaken. The person confirmed they were struggling with their transfers off their bed due to how low it was. The registered manager took action this during our inspection. This meant when people's needs changed the provider was not always identifying the changes or ensuring appropriate timely referrals were being made.

People were supported with their transition into Ashcombe Court and found it a positive experience. One person we spoke with told us how much they loved living at the home. They told us, "I like my room and I didn't have a home for a long time, now I do and it feels like home". One relative we spoke with confirmed how positive the experience had been when their family member moved to Ashcombe Court. They told us, "[Name] didn't want to visit the home, so what they did was send a video which allowed [Name] to see it before she moved in". One health professional we spoke with felt the home managed transitions well.

During the inspection people undertook a variety of activities that were personalised to them. For example, people went shopping, swimming, out for a meal, to the local shop, basketball out for a day trip. All people we spoke with were happy with their support arrangements. Care plans included information about people's likes and dislikes and what was important to them. People were able to make choices about all aspects of their day to day lives and when required were supported by staff. Staff knew people well. For example, one person liked to have their nails painted a different colour every day. During the inspection this person was supported by staff to choose their colour and have their nails painted. This meant staff knew people well and encouraged people to maintain routines that were important to them.

People and relatives felt involved in care plans and reviews. People confirmed they met regularly with a member of staff to review their goals. Relatives also felt involved with reviews and confirmed they felt progress was made. Care plans had an evaluation section of the person's goals. We reviewed two people's evaluated goals completed in the last month. It identified the goal, difficulties achieving the goal and actions to be carried over. This meant people were regularly involved in setting their goals and having them reviewed.

The registered manager sought people's feedback and took action to address issues raised. There were monthly meetings for people who lived at the home. The last meeting had taken place in August 2015. People had been asked opinions on menu choices, home décor and activities. For example, during one meeting people had confirmed they were pleased that takeaway night had been reinstated after making this suggestion in a previous meeting. There was further evidence action had been taken based on people's feedback. For example, people had asked for the front garden to be tidied up, during the inspection we found this had been actioned. Minutes confirmed people were reminded of the complaints procedure to ensure they understood how to complain if they needed to.

There was a complaints policy and easy read version in place. Most people and relatives felt there was no reason to complain. One person and a relative raised concerns with us during and after the inspection. We raised these concerns with the registered manager who confirmed they would investigate the complaints and respond through the complaints procedure.

People were supported to maintain contact with friends and family. Relatives that we spoke with confirmed how positive their experience had been visiting and contacting the home. They told us, "Communication is good, we are always visiting the home, they contact me when I am not there too" and "I used to visit regularly, now I live further away it is more difficult, they call me and I talk on the phone" and "They keep me informed, I had a call a few weeks ago to inform me [name] had gone into hospital, I can call anytime."

Is the service well-led?

Our findings

The home was not always well-led. We found not all notifications of significant events were being made when required. For example one incident where a person sustained a head injury and required treatment a notification had not been made. The registered manager confirmed a notification had not been made. Notifications of specific events are required to be sent to The Care Quality Commission by providers in line with their legal responsibilities.

The provider had undertaken audits to monitor the quality of the service, however they had not identified all areas of concern found during the inspection. For example, where one person required a DoLS application and training, audits completed did not identify the shortfall. Audits had also failed to identify incomplete and inaccurate records, relating to risk assessments, observations and completion of food and fluid charts. Where an audit completed in July 2015 had identified the fire risk assessment was out of date, no action had been taken to amend and update the inaccurate record. The audit had also identified one missing personal evacuation plan for a new person, but had failed to identify that there were two missing personal evacuation plans. No action had been taken to address the missing personal evacuation plan. This meant people could be at risk due to audits not being robust or there being a clear action plan that ensured action was taken.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

A registered manager was responsible for the service. They were supported by a deputy manager and a shift leader. The registered manager during our inspection walked around the home. They talked to people and people came into their office to see them. The registered manager during

our inspection supported one person with their care needs. They demonstrated they knew this person well. The registered manager confirmed the vision and value for the service was “Client focus, positivity, empowering all, reflective practice, continuing development and high quality care”. These were communicated through staff meetings and the induction of new staff. One staff meeting a year was set aside to review those values and visions

Staff felt happy working at Ashcombe Court and confirmed it was an open and nice place to work. Staff and relatives confirmed how supportive and visible the registered manager was. Staff told us “It is a nice place to work, a nice team you can ask if you need to. The manager is always approachable” and “I have really enjoyed it here, it is really rewarding. I get regular support and only have to ask if there is a problem” and “The morale is really good here” and “I feel valued by the company and by the manager” and “The team are great it’s a nice place to work”.

Staff had access to regular staff meetings. These provided staff with an opportunity for updates and learning. Minutes identified areas to be addressed and action taken. All staff we spoke with felt happy with the support they received from the management team.

People, staff and professionals views were sought on the care provided. The outcome from 2015 survey was positive, with comments such as, “I feel safe at Ashcombe” and “They (the staff) are kind and professional and very good at their job”. Staff feedback was also positive. For example 91.7% of staff strongly agreed that the people they supported were shown compassion, kindness, dignity and respect and 75% strongly agreed that they received training relevant to their role. The report had actions identified for example, making the front garden more user friendly and recruiting a full complement of staff. Progress towards both these actions was seen during the inspection.

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 | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p> <p>The registered provider was not ensuring people were protected due to out of date and incomplete records. Relating to food and fluid charts, risk assessments, observational checks, personal evacuation plans and fire risk assessments.</p> <p>Breach of 17(2)(c)</p> <p>The registered provider had not protected people by ensuring audits identified and addressed concerns found during the inspection.</p> <p>Breach of 17(1)(2)(b)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>This is a breach of Regulation 11 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered provider was not ensuring applications were made where people were being restricted of their liberty. People were not being supported to access training that might enable them to make informed decisions.</p> <p>Breach of 11(1)(2)(3)(4)(5)</p> |