

Mrs R Deane and Mrs J Brown

Chy Byghan Residential Home

Inspection report

City Gate,
Gallowgate,
Newcastle Upon Tyne,
Tyne And Wear,
NE1 4PA

Date of inspection visit: 26 May 2015
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Ratings

Overall rating for this service

Inadequate



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?

Inadequate



Overall summary

Chy Byghan Residential Home provides accommodation and personal care for up to 19 predominantly older people and had 15 people resident at the time of our inspection. The service currently does not have a registered manager in place, although the service was seeking to register a new manager. 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.

We carried out this unannounced inspection of Chy Byghan on 26 May 2015. At this visit we checked what action the provider had taken in relation to concerns raised at our last inspection in February 2015, when we found breaches of legal requirements related to staffing.

Summary of findings

We found the service did not have adequate arrangements for making sure there were enough staff working at the service. At this inspection we found there were still not enough staff available at the service to keep people safe and meet their needs.

There were not enough staff working during the afternoon periods to meet people's needs. This was because one staff member was needed to prepare food for the evening meal and this left one staff member to support all the people that used the service. Also some people needed two members of staff to assist them with their mobility needs. Therefore there were times when both care staff were supporting this person and therefore were unavailable to meet the needs of anyone else in the home.

We saw some good care practices, such as the appropriate transfer of a person who required specialist equipment to help them to move. Staff were kind, patient and friendly towards the people they supported.

We found people were not always kept safe due to unsafe medication administration and recording procedures. The registered person was not ensuring people were protected against the risks of unsafe medicines administration because medicines were not always handled safely, securely and appropriately. We found the service had not made sure there was enough stock of people's medicines. There were a number of instances of inaccurate recording of when people had taken or not taken their medicines. We observed staff were unable to give their focused attention to giving people their medicines because of numerous interruptions. This meant the service was not ensuring people's safety in the way they managed, administered and recorded their medicines administration.

People's care plans were not regularly reviewed to make sure they met people's needs. People were not involved in making important decisions about their care. This meant there was little personal input or historical information to aid staff in understanding the life and history of the person they cared for. People were not given an opportunity to give their consent to the care planned for them. People told us they were not aware of what their care plans contained.

The service was not providing staff with effective training, supervision and appraisal in line with its own

organisational policy. Staff told us they were not receiving supervision or appraisal. Staff told us they felt 'unsupported' and were unclear, at times, about what their responsibilities were. Staff training was out of date or not in place. There was a recognition by the management that training was an issue that required attention.

People at the service had not been assessed appropriately under the Mental Capacity Act (2005), their best interests had not been protected appropriately, and the service had not made the required Deprivation of Liberty applications. There was also a lack of stimulating activities for people to participate in and people commented that they did not have enough to do.

The service had a policy and procedure in place for dealing with complaints. However, this was not followed in practice and was not made available to people and their families. Staff told us about a recent complaint raised by a person. This had not been formally recorded, investigated or resolved.

The provider was not operating safe recruitment practices. Recruitment records showed two recent new staff members were employed before Disclosure and Barring Service (DBS) checks were received. These staff worked with the vulnerable people that live at the service before adequate checks had been made to help assure their safety.

The registered provider had failed to maintain standards of hygiene at the service. A recent Environmental Health inspection had substantially downgraded the service's hygiene rating and issued an Improvement Notice following identified concerns with the standards of cleanliness.

Chy Byghan did not have effective governance system, including assurance and auditing systems or processes. The purpose of these systems are to assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. People, their families and other external professionals involved with the service were not asked to give structured feedback about the quality of the service. Staff told us they did not believe the

Summary of findings

service was well led. The manager told us that following the loss of the previous registered manager in January 2015, the transition to the new management arrangements had been difficult and challenging.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements

have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

We found a number of Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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 safe.

We found people were not always kept safe due to unsafe medication administration and recording procedures.

There were not enough staff on duty to meet the needs of people using the service.

We found unsafe recruitment practices used by the service.

Cleanliness and hygiene procedures at the service were not adequate.

Inadequate



Is the service effective?

The service was not effective.

The service was not providing staff with effective training, supervision and appraisal in line with its own organisational policy.

People at the service had not been assessed appropriately under the Mental Capacity Act (2005) and the service had not made the required Deprivation of Liberty Safeguards applications.

Requires improvement



Is the service caring?

The service was not always appropriately caring.

Staff were caring and respectful when people needed support, or help with personal care needs. However, staff use of disposable rubber gloves did not uphold people's dignity.

People were not involved to making important decisions about their care.

Requires improvement



Is the service responsive?

The service was not always responsive.

People's existing care plans did not guide staff and were not regularly reviewed to make sure they met people's needs.

There was a lack of stimulating activities for people to participate in.

Requires improvement



Is the service well-led?

The service was not well led.

There was a degree of distrust and lack of confidence between the staff and management team.

There was a lack of quality assurance processes to make sure the service was run safely and effectively.

Inadequate



Summary of findings

People, their families and other external professionals involved with the service were not involved in providing consistent feedback about the quality of the service.

Chy Byghan Residential 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 26 May 2015 and was unannounced. The inspection was carried out by one inspector. We did not request a Provider Information Record (PIR) from the providers. 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. We looked at previous inspection reports before the inspection and an action plan provided by the providers following the last inspection.

We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to

send us by law. During the inspection we spoke with eleven people who were able to express their views of living in the home, five staff members and the service manager.

We looked around the premises and observed care practices on the day of our visit. We used the Short Observational Framework for Inspection (SOFI) over the breakfast time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at four records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

Following the inspection we collected the views of three external professionals who had experience of the service.

Is the service safe?

Our findings

The registered person was not ensuring people were protected against the risks of unsafe medicines administration because medicines were not always handled safely, securely and appropriately. We observed a period of medication administration in the dining room over breakfast. One staff member was interrupted on numerous occasions while giving people medicines. This was because only one staff member was in the dining room after the chef returned to the kitchen and the other staff were occupied with other people away from the dining room. This did not provide a period of time during which the staff member could concentrate on giving people their medicines.

One person challenged what medicines they had been given telling the staff member 'I normally have three tablets; there is only one here'. When this was checked it was confirmed the staff member had misread the medicines administration record (MAR) and the person had been given only one of three daily morning medicines.

There were a large number of medicines being given to people from individual medicine boxes rather than from ready dispensed medicine cassettes which were used as the basis of people's medicines. We were told the medicines had yet to be added onto the normal pre-filled medicines administration system and therefore were being added to the MARs by hand and dispensed separately. This was unsafe practice, particularly in light of the many interruptions the staff member was managing while administering the medicines.

We spoke with the manager and they confirmed four people's medicines had not been added onto the normal pre-filled pharmacy administration system. This had been happening for more than a month. The manager acknowledged it was the responsibility of management to ensure people's medicine needs were effectively reported to the pharmacy to ensure medicines processes were followed and completed in a timely way.

We undertook a check of people's medicine records. We saw records which showed a medicines error where a person was given two doses of their morning medicines. Other people's records showed some people who required important medicines for on-going health conditions such as diabetes did not receive their medicines. This was

recorded as because they 'didn't get up for breakfast'. Other issues included swapping one painkiller for another because the service had run out of the stock of the original painkiller. This affected two people. One staff member told us, "Things do get missed in the medicines. I wouldn't say the medicines system is very thorough".

We checked and audited the stock of controlled drugs, which were accurate and stored appropriately.

There were a number of other concerns about how medicines were managed at Chy Byghan. These included no stock check or medication audits being carried out. A lack of consistent temperature monitoring of medicine storage, as well as multiple recording errors in medicines recording.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

The provider had not ensured the service had sufficient numbers of suitably qualified, competent, skilled and experienced persons employed at the service to meet people's needs. There were two care staff on duty from 2:30pm to 9:00pm to provide care and support for 15 people all of whom needed support with personal care needs, especially when having their evening meal and when getting ready for bed. For a significant part of this period one of the two staff members was required to work in the kitchen preparing and delivering the evening teatime meal. Therefore people's needs could not be met in a timely manner. More than one person who lives at Chy Byghan required two staff to support them to mobilise. One staff member told us, "there's only one staff on from 2.30-6.00pm or longer usually because of having to be in the kitchen. That means the one left must call the staff member from the kitchen when required to assist with helping people with personal care and using hoists". Another staff member told us, "somebody in to cover the teas from 4-6pm would be good. Currently we have little manoeuvre for emergency situations. You shouldn't have someone providing care and cooking simultaneously". Two other staff members commented similarly and one said there were 'not enough staff to meet people's needs at present'.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was not operating safe recruitment practices. Recruitment records showed two new staff members were

Is the service safe?

employed before Disclosure and Barring Service (DBS) checks were received. The role of the DBS is to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. This meant staff were not appropriately legally checked before working with vulnerable people at the service. The new service manager told us they had picked the issue up quickly and said they would ensure in future that appropriate checks were made for all new staff.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider had failed to maintain standards of hygiene at the service. A very recent Environmental Health inspection had substantially downgraded the service's hygiene rating and issued an Improvement Notice following identified concerns with the standards of cleanliness. In addition equipment was found to be rusted and faulty. The Environmental Health officer noted, "I can see some general deterioration in the standards".

There were no cleaning schedules for deep cleaning of the kitchen. One staff member said, "It's been a bit all over the place in the last three months. Unfortunately there's only enough time for cooking". The manager told us a staff member had been given one hour per week to work on deep cleaning procedures but acknowledged this was insufficient to make sure the service was maintained to the necessary standards.

Two people's rooms had a strong unpleasant odour. The manager acknowledged the smell and said one room would have the carpet in the toilet replaced with lino and that rooms were deep cleaned every two to three days. A cleaning rota showed rooms had not been deep cleaned for over two months. A staff member told us, "Thorough room cleans of people's rooms haven't been done since February (2015)".

A bathroom was used to carry out open sluicing for the service. This was away from the service's laundry facilities and therefore dirty laundry was carried through the service. Appropriate protective equipment was not available to staff where the open sluicing was being carried out. This posed a risk of infection.

There was no on-going maintenance plan for the service. This meant there was no organised process in place to identify and prioritise when maintenance and replacement of fittings and equipment should happen. The manager told us, "These are all things we are aware of and working on".

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they believed they were safe, living at the service. Staff had received training in safeguarding adults and had a good understanding of what may constitute abuse and how to report it. They were confident any concerns would be acted on. We discussed recent safeguarding alerts made about the service, with the manager. We noted the service had acted appropriately once the alerts were raised and had worked collaboratively with other professionals, such as the local authority safeguarding team to work towards a positive outcome for people who lived at the service.

The service did not have appropriate risk assessments in place to ensure people were safe. Care records were both minimal and were undergoing a complete change from one system to another. There were no personal or environmental risk assessments in place to cover the action to be taken to ensure people were supported to be safe while at the same time enabling people to make choices about how they lived their lives.

Is the service effective?

Our findings

The service was not providing staff with appropriate support, training, professional development, supervision and appraisal as necessary to help them carry out their duties. The manager told us there was no up to date training schedule to confirm which staff required specific types of training. The manager told us current training was out of date or not in place. An action plan to address training needs stated, “Not all mandatory training has been completed by all staff and there is no monitoring process for staff training”.

The service recently invested in a ‘Care TV’ training package. This covers various training including fire safety, first aid, moving and handling awareness, health and safety, data protection and safe handling of medication. Not all staff have started to use this resource. It was clear from observation and by talking with staff that current support and training was not effective in providing staff with the skills they needed to carry out their work..

There was a lack of consistent professional induction training for new staff. The current induction procedure consisted of being shown around, meeting residents and ‘working on the floor as part of staff team’. A staff member told us, ‘Sometimes new staff are in the office for five minutes and then straight out working with us’. The service was not using Skills for Care induction standards or the Care Certificate framework which replaced the skills for Care induction Standards with effect from 1 April 2015. These standards provide a structured start for workers in the first 12 weeks of employment to help ensure staff are safe to support people correctly.

Staff told us they did not feel supported in their roles and did not receive supervision or appraisal by management about their work practices. The manager confirmed there had not been appropriate supervision or appraisal for the last ‘three to four years’. One staff member commented, “I feel very alone in my role a lot of the time. Half the time I’m not sure what is my responsibility and what is not. I don’t even have a job specification for my role”.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had undertaken training in and demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (2005). The MCA provides the legal framework to assess

people’s capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The service was required also to consider the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLs). The legislation regarding DoLs

provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek this authorisation to restrict a person for the purposes of care and treatment.

Following a recent court ruling the criteria for when someone maybe considered to be deprived of their liberty had changed. The provider had not taken the most recent criteria into account when assessing if people might be deprived of their liberty. We found the manager had not requested an authorisation from the local authority for people who had potentially restrictive care

plans in place. People had not been appropriately assessed under the MCA and best interest meetings were not consistently recorded for specific decisions such as the use of pressure alarm mats. The manager acknowledged there were people who were being restricted from leaving the home for their own safety. They said, “we would need to apply for a DoLs for (person) because people would need to accompany (them) if (person) wanted to go out”.

The service had not provided training in the MCA to staff and we found staff did not have a working understanding of the Act or how to recognise if a person’s rights were being breached. It is important a service is able to implement the legislation in order to help ensure people’s rights are protected.

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

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. People told us they saw their GP when

Is the service effective?

they needed to and this was confirmed by GP practices. Medical professionals told us they had no concerns about the care and support they saw at the service and appropriate referrals to health services were made.

People were supported to eat and drink enough and maintain a balanced diet. People who required it were prepared specialist meals in line with Speech and

Language assessments. People were encouraged throughout the day to drink fluids. Menu planning was done in a way which combined healthy eating with the choices people made about their food. We saw people were given sufficient support at a meal time to allow them to eat with others and be able to share a comfortable social meal.

Is the service caring?

Our findings

Staff told us that care was not well organised at the service. We were given an example by a staff member of no-one knowing how a resident would be transported for a hospital appointment in London, and said, “I was just told to do it but even the manager didn’t know the process for organising it”. We saw another example concerning a person who had been referred to move to a nursing care service. This person had a number of damaged areas of their which had deteriorated significantly before the transfer took place. Chy Byghan had worked with the local district nursing team during this period. However, there was a lack of co-ordinated response from management given the continued deterioration of the person’s skin condition and the delay in transferring the person to the nursing service.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw staff insisted on wearing thin disposable gloves at all times while attending to people. This included when serving food, tea, providing personal care, assisting mobility and working in the kitchen. This practice did not support people in a dignified and respectful way.

The manager had recently begun to address the lack of involvement of people in the running of the service. At a

recent staff recruitment interview the manager had included two people in the interview process to offer better ‘inclusion and engagement’ at the service. One person who had been involved said, “I enjoyed being involved. I think it is important we know who is going to work here and they have an opportunity to meet some of the residents as well”.

‘Residents meetings’ took place monthly. We saw the minutes of the last meeting. Some people had commented on things like activities they would like to be offered and we saw the manager had put a plan in place to address people’s comments.

Staff were caring and friendly towards people. We saw people’s needs being met at times, however, staff were occupied in tasks such as providing personal care, medicines rounds and food preparation for most of the time, so there was little time for spending with people individually. Staff called people by their preferred names and showed, through their conversation with people, that they knew people’s likes and dislikes.

People told us they felt well cared for and liked living at Chy Byghan. Typical comments included, “Most of the staff are lovely, very kind and they would do anything for you” and “it is a homely place to live. I can’t complain”. Most people spent time sitting in the lounge watching television or privately in their bedrooms.

Is the service responsive?

Our findings

People told us they did not feel involved in the care planning process and were not routinely informed of reviews to their care planning. There was no evidence that people who lived at the service were actively involved in their own care planning. One person told us, “I would tell them if I wasn’t happy with the way I was cared for but I don’t get involved in anything else”.

People had not signed their care plans to reflect their consent to the care and support provided to them.

The service did not have a process for assisting people who lived with dementia to be involved in

the planning of their care.. The manager told us people with dementia could be represented by a family member if they wanted to. However, in practice this did not happen.

Care plan reviews were not happening regularly. The most recent reviews of care plans had happened in March 2015. The manager of the service said this was because the care planning system was being changed and there had not been time to do reviews as well as put a new system in place. At the time of inspection, information was not being recorded in a usable format. The old Kardex recording system had been superseded by the new care planning system. However, we found only two of fifteen care plans had been transferred on to the new system and these were not fully completed.

There were no consistent daily activities available for people to take part in if they chose. During the inspection most people sat in lounge watching TV and/or reading the

paper. People told us someone came in twice a month to do ‘armchair exercises’ and said they would like there to be more activities offered. We saw this had also been raised at a recent residents meeting, when one person said they would like to offered more activities to keep them occupied. The manager commented, “We do need more staff on shift to offer activities effectively. To do this we would need somebody extra”.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager said they had begun to introduce some trips out into community on a rota system, for example, to accompany the manager to the supermarket. People said this had happened once when two people accompanied the manager to the supermarket and ‘we had a coffee and a cake’.

The service had a policy and procedure in place for dealing with any complaints. However, this was not followed in practice and was not made available to people and their families. Staff told us about a recent complaint raised by a person regarding the poor standard of food served on a particular day. This was not formally recorded or investigated.

In the ‘user guide’ there was a section on making complaints; this had not been updated for many years and did not reflect the current procedures for making a complaint. It also provided incorrect contact information for the Care Quality Commission to raise any issues.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

From our discussions with people, staff and management it was clear there was not a positive culture at the service at the time of inspection. There was a degree of distrust and lack of confidence between the staff and management team. This meant there was a focus on the problems in the service rather than putting consistent action into place to find solutions to the issues identified throughout this report.

Staff told us that roles and responsibilities at the service were not clear. Staff told us they were unsure who they were accountable to and what they were accountable for. Staff were not adequately supervised and staff turnover was high. Management had not developed the staff team to ensure they displayed the right values and behaviours towards people. The service manager told us he had a vision for the future of the service, “I know the vision and values I have. I want it to be a ‘home’, welcoming and caring. However, there is no shared vision with the staff”.

We found the provider did not have an effective system to regularly assess and monitor the quality of the service that people received. Staff told us they did not believe the service was well led. The manager told us that following the loss of the previous registered manager in January 2015, the transition to the new management arrangements had been difficult and challenging.

Care and support provided in the service was intuitive rather than guided by good practice or management support with staff not working from an informed knowledge base due to the lack of ongoing training and supervision and appraisal processes.

Much documentation related to the management of the service, needed to improve. For example, the provider did not have any training record or plan in place for the training of the staff. This made tracking staff training difficult. We saw the impact of this on the staff. They were uncertain about what they could expect from the service in terms of maintaining and developing their skills to give people good quality care.

All the moving and handling equipment used in the service was leased, with the exception of a bath lift. The leased equipment was serviced by the equipment provider. The bath lift was regularly tested in accordance with Lifting

Operations and Lifting Equipment Regulations 1998 (LOLER) requirements. However other leased equipment was not listed as LOLER equipment and no routine inspections of either hoists or their slings were being made between regular test dates. The manager’s inspection of slings showed that they did not meet either LOLER or Provision and Use of Work Equipment Regulations 1998 (PUWER) requirements, because the sling information panel text was washed out. These hoist slings are required to be inspected monthly to ensure that they are safe for people to use and are changed if they are not meeting the necessary standard.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a lack of quality assurance and audit processes across all sections of the service.

For example, there were no medicine audits taking place and we found significant problems with the way medicines were managed and recorded. There were audits of infection control being carried out at the service. There was no on-going audit or plan for the redecoration and maintenance of the home in order to ensure it was maintained to a satisfactory standard.

The manager confirmed the service had not carried out a quality assurance process, involving gathering people’s views of the service, in order to help the management to evaluate and improve the service. Similarly professionals had not been asked to comment on the quality of the service.

We spoke with the manager about the lack of such governance systems for the service and were told, “There is nothing you have said that I am not aware of. There is a lot to do”. The service was not being adequately managed at the time of the inspection.

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

We saw documentation that health and safety at the service met basic requirements for fire risk assessments, extinguisher inspection and test, and fire alarm testing. The service had taken on a five year Health and Safety support package with external consultants to highlight and address any outstanding Health and Safety issues.

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

People who use services were not protected against the risks associated with unsafe recruitment practices. This was a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

People who use services were not protected against the risks associated with unclean and not properly maintained premises. This was a breach Regulation 15 (1) (a) (e) and Regulation 15 (2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

People who use services were not protected against the risks associated with unclear consent procedures in relation to the Mental Capacity Act (2005) and associated Deprivation of Liberty guidelines. This was a breach Regulation 11(3).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

This section is primarily information for the provider

Action we have told the provider to take

People were not provided with person centred care that met their needs or reflected their preferences. This was a breach of Regulation 9 (1) (b) and (c).

Regulated activity

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

People were not provided with an effective and accessible complaints system. This was a breach of Regulation 16 (2).

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People were not protected by systems or processes to assess, monitor and improve the quality of the services provided. This was a breach of Regulation 17 (2) (a) (b) (e) (f).

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>People who use services were not protected against the risks associated with unsafe management of medicines. Regulation 12 (1) (g).</p> <p>People who use services were not protected against the risks associated with insufficient medicine stocks. Regulation 12 (1) (f)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>People who use services were not protected against the risks associated with not having sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet the service requirements Regulation 18 (1)</p> <p>People who use services were not protected against the risks associated with staff not receiving appropriate support, supervision and appraisal to enable them to carry out the duties they are employed to perform Regulation 18 (2) (a)</p>