

Leonard Cheshire Disability Parkside - Care Home Learning Disabilities

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



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 took place on the 7 and 8 of July 2015 and was unannounced. At our previous inspection on 16 April 2013 we found the provider was meeting the regulations in relation to the outcomes we inspected.

Parkside care home is registered to accommodate up to seven people with learning disabilities living within the community. At the time of our inspection the home was providing care and support to five people. The home had

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 the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

During our inspection we found that the provider had breach several Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks to people were not always managed appropriately or reviewed in line with the provider's policy. Medicines were not stored and managed safely and appropriately. There were no systems in place to detect and control the spread of infections and ensure good standards of cleanliness throughout the home environment were maintained. Premises and equipment were not clean, safe, suitable and properly maintained.

We have made a recommendation that staff receive supervision, appraisals and support in line with the provider's policies. People's care was not always reviewed in response to their needs and in line with the provider's policy. Systems and processes to regularly assess and monitor the quality of service people received were not always implemented, followed or conducted on a regular basis.

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

There were systems in place to deal with emergencies and there were safeguarding adults from abuse policies and procedures in place which staff had good knowledge

of. Incidents and accidents were recorded and acted on appropriately. There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work.

There were processes in place to assess and consider people's capacity and rights to make decisions about their care and treatment in line with the Mental Capacity Act 2005.

People's nutritional needs and preferences were met and people had access to health and social care professionals when required. We observed staff treating and speaking to people in a respectful and dignified manner and people's privacy and dignity was respected.

People's needs were assessed with their involvement to ensure that the service was responsive to their individual needs and staff encouraged and promoted people's independence. People were provided with information about how to make a complaint and people told us they felt confident in making a complaint if they had any concerns.

Staff meetings were held on a regular basis. People's views about the service were sought and considered through satisfaction surveys that were conducted on an annual basis.

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.

Risks to people were not always managed appropriately or reviewed in line with the provider's policy. Medicines were not stored and managed safely and appropriately. Premises and equipment were not clean, safe, suitable and properly maintained.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work.

Safeguarding adults from abuse policies and procedures were in place and staff showed good knowledge of how to respond to concerns.

Inadequate



Is the service effective?

The service was not always effective.

Staff did not always receive supervision, appraisals and support in line with the provider's policies. We have made a recommendation.

Staff received appropriate training that was frequently refreshed to ensure staff were up to date with best practice.

There were processes in place to assess and consider people's capacity and rights to make decisions about their care and treatment in line with the Mental Capacity Act 2005.

People's nutritional needs and preferences were met.

Requires improvement



Is the service caring?

The service was caring.

Staff treated people in a respectful and dignified manner and people's privacy and dignity was respected.

Staff were knowledgeable about people's individual needs and preferences.

Good



Is the service responsive?

The service was not always responsive.

People's care was not always reviewed in response to their needs and in line with the provider's policy.

Staff encouraged and promoted people's independence and people were supported to participate in activities of their choice.

People were provided with information about how to make a complaint and felt confident in doing so.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well-led.

Systems and processes to assess and monitor the quality of service people received were not always implemented, followed or conducted on a regular basis.

There were changes in the staffing team which caused disruption but staff told us the manager was approachable and open to suggestions they had about the service.

People's views about the service were sought through satisfaction surveys that were conducted on an annual basis.

Requires improvement



Parkside - Care Home Learning Disabilities

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 checked whether the provider was 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.

The inspection was unannounced and carried out by two inspectors on 7 July 2015 and one inspector on the 8 July 2015. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information

about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service and for funding people's care at the home. We used this information to help inform our inspection.

There were five people using the service on both days of our inspection. Not everyone at the service was able to communicate their views to us so we observed people's experiences throughout the course of our inspection. We spoke with two people using the service and four members of staff including the registered manager. We spent time observing the care and support provided to people, looked at three people's care plans and records, two staff files and records relating to the management of the service.

Is the service safe?

Our findings

People using the service appeared safe and content throughout the course of our inspection. However, we found that people's risk assessments and records relating to their health, safety and welfare were not always completed or reviewed on a regular basis to ensure they were reflective of their current needs and therefore were kept safe.

Risks to people were not always managed appropriately or reviewed in line with the provider's policy. The provider had risk assessment tools in place to assess and monitor people's level of physical and mental health risks. These provided guidance for staff to ensure that risks were minimised. However, whilst risk assessments were comprehensive and covered areas such as behaviour, smoking, cooking and personal care we saw they were not reviewed regularly. One person had risk assessments in place for bathing and showering and driving out in a car which were all last reviewed in March 2014. This meant the risk assessment and guidance to staff may not reflect current risks. Their manual handling risk assessment was last reviewed in September 2013. We saw there were guidelines recorded by a visiting physiotherapist in November 2014, which, in the absence of regular reviews, had not been reflected in the person's manual handling risk assessment. For example, the guidelines included the use of a piece of equipment by staff to assist the person with safer mobilising and transferring. We spoke with staff members who told us they had no knowledge of the guidelines and they had not seen the equipment. This meant there was a risk that the person may not be receiving the appropriate level of care, treatment and support to ensure their safety.

Another person had a risk assessment in place for smoking due to identified possible risks of fire and burns. We saw the risk assessment was last reviewed in March 2014. The risk assessment detailed the existing measures in place to ensure the person was safe whilst smoking and documented that staff will accompany the person outside to the designated smoking area to supervise them. However we observed on six occasions during both days of our inspection that no member of staff accompanied the person at any time as directed.

Another care plan demonstrated that the person was not adequately protected from the risk of receiving

inappropriate care and treatment. We saw that the person had a health care plan in place which recorded they were a type 2 diabetic and required oral medicine to help control and manage their condition. However there was no documented risk assessment, management plan or guidance in place for staff on managing the person's diabetes. We also saw that the person's care plan which was last reviewed in June 2014 documented that the person required support from staff to manage their diet and weight. However their weight records were not completed consistently and showed gaps in weight records despite it being documented that the person was to be weighed every month.

Medicines were not stored or managed safely and appropriately. A member of staff administering medicines told us that staff conducted and recorded daily medicines counts on a 'staff medicines record' in order to hand over to the next member of staff in charge of the medicines. We looked at the staff handover medicines record for one person using the service and saw there were significant discrepancies on the count of two different dosages of the same medication from 5 July 2015 to the following day 6 July 2015. Whilst this discrepancy had been marked, it had not been logged as a medicines error or incident. We showed this to the registered manager who confirmed there had been an error but told us they had not been informed of it.

Another staff handover medicines record for one person's prescribed medicine recorded a discrepancy in which we found there were 58 tablets when the medicine record showed a balance of 60 tablets. We drew this omission to the attention of a staff member who was in charge of the medicines who confirmed they were unaware of this discrepancy. These issues posed a risk of harm to people using the service as they were not reported or recorded and therefore appropriate action in relation to the errors had not been taken.

There was no up to date medicines reference guide for staff kept on site at the time of our inspection and staff we spoke with confirmed this. One member of staff told us that a medicines reference guide was due to be purchased soon. They showed us a reference book that was in use by staff, however we noted that the publication was dated 1999. This meant that staff may not have access to up to date guidance on medicines and best practice. We were

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shown by a member of staff where medicines for return to the pharmacist were stored. We saw that medicines were not stored securely within the service which posed a potential risk for people using the service, staff and visitors.

Care and treatment was not always provided in a safe way. The premises were not always safely used and equipment was not always stored safely. Throughout the duration of our inspection we observed that the ground floor laundry room which stored controlled substances hazardous to health including cleaning products had the door wedged wide open despite having a coded entry door fitted for safety. Cleaning products were stored in an unlocked cupboard within this room which people using the service could access with ease. This posed a risk of harm to people using the service.

There were no systems in place to detect and control the spread of infections and ensure good standards of cleanliness were maintained. During a tour of the building we observed that one of the first floor bathrooms had no supply of toilet paper, hand towels and hand soap present although a bottle of antibacterial hand gel was seen on the floor in the corner of the bathroom. We visited one of the second floor bathrooms which had a small supply of toilet paper but again there was no soap or hand towels present. We also observed throughout the home that there was no signage displayed promoting good standards of hygiene or guidance on correct safe hand washing techniques. We discussed our concerns with the registered manager who told us they would address this and display appropriate infection control signage. On the second day of our inspection we saw that the registered manager had obtained appropriate infection control posters, however they had not been displayed.

The above evidence demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Premises and equipment were not clean, safe, suitable and properly maintained. During a tour of the premises we noted that a large proportion of the light switches within the home were broken and faulty. One member of staff told us "I am concerned about the light sockets, they are dangerous and I am afraid to touch them." We observed that the ground floor lounge light switch was broken and we could see electrical fittings exposed through the broken light switch casing even though we noted that black electrical tape was attached around the edge of the casing.

We tested the light switch and it was working, however this posed a serious risk of electrical shock due to the exposure of the electrical fittings. We also saw that the plaster wall which housed the light switch was cracked and the surrounding plaster was crumbling. The registered manager explained to us that this was the result of the behaviour of someone who had recently stopped using the service. They told us that repairs and maintenance had been requested.

We saw that the first floor hallway light switch was also broken. We tested the switch and found it not to be working. This posed a risk of trip or fall as there was no light available in the hallway for people during the night or when there is poor light. The first floor bathroom did not have a light switch cord attached to the light fitting for people to be able to turn the light on. We noted that there was approximately a three inch cord remaining at the top of the light fitting but this was not within reach. Again this posed a real risk to people using the service as people would not be able to reach the cord in order to turn the light on. We noted the second floor hallway light switch was broken. We saw that it was not covered or secured with black electrical tape to prevent shock or injury. We tested the switch and the light flickered on, however we immediately switched it off due to concerns of electric shock. We drew this omission to the attention of the registered manager who told us they were aware of the concern and would ensure electrical tape was placed around the switch until repairs were conducted.

We visited the ground floor kitchen and saw that the kitchen cupboard doors were not fitted correctly and securely. This could cause a risk of personal injury as people could trap their fingers in the doors or catch their clothing causing a fall. We saw that the kitchen door housed a small long glass window which was shattered although we noted there were no sharps protruding from the window. This could pose a risk of injury and would not protect people in the event of a fire.

We saw the ground floor hallway had a storage cupboard which had a wooden door frame surround that was open and exposed. We saw that the door did not fit the door frame and did not close safely or securely. One member of staff told us they were concerned about the removal of the fire door which was located just beyond the front door. They said "It feels too open now. I worry a fire could spread if the electric box beside the front door caught alight,

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because it makes a funny noise.” We noted that the last fire risk assessment conducted at the home was dated 2013 and documented that the provider had failed to address issues identified in the 2012 assessment.

One of the first floor bathrooms was dirty and required maintenance. The walls and skirting boards were dirty and stained and the lino flooring was worn in places. Water pipes located near the bath were exposed and wooden skirting boards around the bathroom pipes were rotten in places possibly due to water damage or condensation. We visited one of the second floor bathrooms and saw it was also dirty, untidy and required maintenance. On the second day of our inspection we observed that staff were carrying out cleaning duties in both these bathrooms, however they required further frequent cleaning and redecoration and maintenance to ensure they were clean and safe for people to use.

There were no systems in place for people using the service to seek assistance or help from staff in the event of a personal emergency. We saw that bathrooms and some of the bedrooms within the home had a call bell alarm system installed. We tested the system in two of the bathrooms and they appeared to be working. We waited for staff to respond, however after approximately 20 minutes no staff member had responded to the alarm call. We spoke with the registered manager who told us they were unaware of the alarm system and were unable to tell us where the call bell system alerted and how staff were to respond and answer calls. This meant that people using the service were at risk of potential harm as there were no means of summoning help in the event of a personal emergency or when they required assistance.

The above evidence demonstrates a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems in place to deal with foreseeable emergencies. The provider had a fire evacuation plan in place to ensure people's safety in the event of an emergency. People using the service had individual emergency evacuation plans in place which detailed the support people required to evacuate the building safely in

the event of a fire. Records showed that staff and people using the service participated in frequent fire alarm tests and evacuations so everyone knew how to respond in the event of a fire.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work. This helped ensure people were cared for and supported by staff who were suitable for their roles. We saw that pre-employment checks and criminal records checks were carried out before staff started working at the home. We observed there was enough staff on duty and deployed throughout the home at the time of our inspection to ensure people's needs were met. Staffing rota's showed there were sufficient numbers of staff available to supervise and support people at all times. We saw that staff had time to spend with people and to support them to carry out individual activities.

There were safeguarding adults from abuse policies and procedures in place to protect people using the service from the risks of abuse. We saw guidance for staff displayed in the office on how to respond and report any concerns. Staff we spoke with demonstrated good knowledge on how to report concerns appropriately and understood the provider's policies and procedures regarding safeguarding adults from abuse and how to use the providers whistle blowing policy. One staff member told us they had received training and information on safeguarding and whistle blowing and said “We covered these in detail on our induction, and I would definitely do it to protect the clients.”

Accidents and incidents involving people using the service were recorded and acted on appropriately. Records showed that staff had identified concerns and accidents and had taken appropriate action to address them and minimise further risks. Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals when required. For example one care plan we looked at documented that one person had suffered from a fall. We saw that medical assistance was sought and a body map was completed to record and detail any injuries sustained.

Is the service effective?

Our findings

Some staff we spoke with were unable to confirm they had received supervision and appraisals on a regular basis and in line with the provider's policy. One staff member said "I have had regular supervision with the manager since I started working at the home and I find it helpful." Another member of staff told us "Supervision was never regular but it has improved recently." The registered manager told us that supervision and staff records had not been kept up to date due to changes in the staffing team and staff absence. Staff records we looked at showed that supervision was infrequent. For example one staff member had received supervision in November 2014 then not again until May 2015. A second staff member had received supervision on three occasions since their appointment twelve months earlier and there was no record of an appraisal conducted.

We recommend that the provider follows best practice and guidance in relation to the frequency of supervision to ensure that staff are supported appropriately to enable them to carry out the duties they are employed to perform.

New members of staff completed an induction programme which included mandatory training to help them learn about their role before they started work. One member of staff told us they completed a ten day induction centrally with the provider prior to starting work at the service. They said this was very comprehensive and equipped them to "do a good job." Staff told us they received regular training appropriate to their roles and to meet the needs of people using the service. One staff member told us "The training provided is very good. It's mostly class room based and sometime we have to travel far but its good." We saw there was a range of mandatory training that was frequently refreshed to ensure staff were up to date with best practice. Training included areas such as emergency first aid, mental capacity act and deprivation of liberty safeguards, safeguarding adults, equality and diversity and other specialist areas such as choking and working in an empowering way.

There were processes in place to assess and consider people's capacity and rights to make decisions about their care and treatment where appropriate and to establish their best interests in line with the Mental Capacity Act 2005 (MCA 2005). MCA is law protecting people who are unable to make decisions for themselves or whom the state has

decided their liberty needs to be deprived in their own best interests. Care plans and records showed mental capacity assessments and best interests meeting were conducted where people's capacity to consent to make decisions was in doubt. For example one care plan contained an MCA for managing the person's finances and we saw a best interests meeting was held to discuss the need for dental treatment.

Training records confirmed that staff had received training on the MCA and Deprivation of Liberty Safeguards (DoLS). DoLS protects people when they are being cared for or treated in ways that deprives them of their liberty for their own safety. Staff had a good understanding of the MCA and the importance of seeking consent. One member of staff said "You cannot force a person to do something against their will." They told us how they followed a person's care plan specific to a particular pattern of behaviour, in order to allow them their choice to do as they wish safely. We saw that appropriate referrals were made to local authorities ensuring people's freedom was not unduly restricted. We saw that applications for DoLS authorisations made, followed guidance and conditions that were in place were followed appropriately by staff.

People's nutritional needs and preferences were met. People told us they had choice and were involved in meal planning and menu options. One person told us "We get to choose what we would like and staff help to cook meals." Staff held weekly menu planning meetings with people to discuss food options and menus which were planned in advance. Menus and meal plans were created in consultation with people to ensure that they reflected people's individual choices and preferences. We saw menu and nutritional guidance information was kept in a folder in the kitchen. This contained guidance for staff on safe meal preparation, portion sizes, food allergies, simple nutritious recipes and food monitoring charts to ensure people were receiving appropriate levels of nutrition and hydration. We observed that people were offered a choice during meal times and whether they wished to join others eating in the dining room.

People had access to health and social care professionals when required. People had a health care plan which detailed the support they required to meet their physical and mental health needs.

Records of health care appointments and visits were kept in people's records and documented the reason for the

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appointment and any treatment required. For example one person's health care plan documented regular clinic appointments specific to their healthcare needs, with follow-up appointments also recorded. There was a record of podiatry, optician and dental appointments and

guidance from a speech and language therapist. Staff we spoke with were able to tell us what support was required to keep the person safe and in accordance with their health care plan.

Is the service caring?

Our findings

We observed staff treating and speaking to people in a respectful and dignified manner. One person told us “Staff are kind and they help me when I need them.” Some people were not able to verbally communicate their views to us about the service and staff so we observed the care and support being provided. We saw that staff were familiar with people’s needs and knew how best to support them and how to approach and respond to them respectfully. We observed that staff had good knowledge of people’s behaviour and were able to communicate with them effectively.

Staff responded to people sensitively and in a timely manner when offering support. For example we observed staff rapidly intervene before a potentially heated situation developed between two people using the service. We saw staff defused the situation respectfully and spoke gently to the person sitting with them until calmness was restored. One person told us “Staff are very kind to me.” Staff we spoke with demonstrated a good understanding of people’s life histories and individual personalities and behaviours. One member of staff told us “I think staff are very gentle and kind to people here. I really like working here and there is time to go out with people and have one to one time with them.”

Staff were able to provide information about people’s individual needs and preferences. For example one member of staff told us people’s preferred time for waking

up in the mornings and which activities people enjoyed. This showed that staff had developed good relationships with people to ensure their wishes and preferences were respected. People’s likes, dislikes and preferences were recorded within their care plans to inform staff although information documented was not always updated.

People’s privacy and dignity were respected and we observed staff knocked on people’s bedroom doors and sought permission before entering. Staff were able to provide us with examples of how they promote people’s dignity by making sure they closed doors and curtains before assisting people with personal care. One male staff member told us they did not carry out or support females living in the service with personal care and said “I don’t think it would be appropriate for me as a man to do this.”

People’s end of life care needs and wishes were documented and contained within people’s care plans to ensure their wishes and choices were respected. For example, one care plan listed the person’s chosen music to be played at their funeral. We saw this was drawn up with the assistance from a music therapist.

People were provided with information about the service which was displayed on a notice board in the entrance hall of the service and within people’s care plans. Information was provided in a format that met people’s needs. We saw there was information regarding safeguarding, local community services and details of how to make a complaint.

Is the service responsive?

Our findings

People's care and support needs were not always reviewed in response to their needs and in line with the provider's policy. Care plans we looked at were not always detailed and did not identify or record actions required to respond to any changes in people's care needs. For example one person's health care plan recorded their medicines had not been reviewed since April 2013 despite the GP visiting and conducting medicines reviews on a regular basis. We saw guidance for staff which detailed how the person preferred to take their medicines had not been reviewed since November 2012. Throughout the care plan we saw sticky notes on sections where changes to their needs should have been documented appropriately. For example the one page personal profile recorded that the person attended a work project, however a sticky note placed next to it read 'remove, no longer works there'. Another sticky note placed in the section of information that staff should know about the person told that the person had undergone major surgery and required further treatment. This meant there was a risk that people using the service would not receive the care and treatment they required as there were failings to ensure accurate and appropriate records of people's needs were kept and maintained.

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

People's needs were assessed with their involvement to ensure that the service was responsive to their individual

needs. Where people were not able to be involved or contribute to the planning of their care relatives and professionals where appropriate were involved in the planning and development of people's care. We saw that people's care needs had been identified from information gathered about them and consideration was given in relation to their past history, preferences and choices they would make if they were able to participate in the process.

Staff encouraged people to be as independent as possible and provided support to enable people to engage in a range of activities that reflected their interests and met their needs. For example we saw staff accompany people out to access community services and to go shopping. People had weekly activity planners contained in their care plans which detailed their preferred activities for example going for walks, shopping, gardening, visiting friends and family and attending local community activities and clubs. People told us there were opportunities to do activities both in and outside of the home. One person said, "I like to go out for walks and visit the local park." We saw the service also provided activities within the home which included visiting performers.

People were provided with information about how to make a complaint and we saw information displayed within the service which gave details about who to contact to make a complaint. One person told us "If I had any concerns I would tell staff." Complaints records we looked at showed there had been one complaint made about the service in 2012 and we saw that appropriate action had been taken in a timely manner to address the reported concerns.

Is the service well-led?

Our findings

Although the provider had systems and processes in place to regularly assess and monitor the quality of service people received we found these were not always implemented, followed or conducted on a regular basis. For example, we found there were no cleaning schedules in place or environmental and infection control audits conducted to ensure the quality and safety of the service provided.

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

We spoke with the registered manager who told us they would implement cleaning schedules following our inspection and would speak with the provider to discuss how the environment and infection control procedures within the home could be monitored and improved.

The registered manager showed us audits that were conducted within the service on a regular basis. Audits we looked at included health and safety, maintenance checks, medicines and work place risk assessments amongst others. The registered manager told us that health and safety audits and other audits were also carried out by the provider on an annual basis.

There was a registered manager in post at the time of our inspection. Staff told us there had been recent changes in the staffing team which caused disruption, however the manager was approachable and had an open door policy which enabled them to share any concerns or suggestions

they had about the service. One staff member said “There were lots of issues at the start of the year with staff but it’s been better since the changes that have been made. The manager is supportive and I feel I can speak freely.” Another member of staff said “The manager is very supportive and I love my job very much.” People told us the manager and staff were friendly and approachable and we observed the manager was visible during the course of our inspection and spent time talking to people and supporting them.

We saw staff meetings were held on a monthly basis and were attended by all staff. Meetings provided staff with the opportunity to discuss people’s needs and the day to day running of the service. As well as monthly staff meetings the service conducted staff handover meeting which took place at shift changes so staff starting their shift were informed of people’s daily needs and treatment.

People’s views about the service were sought and considered through satisfaction surveys that were conducted across all of the provider’s services on an annual basis. We looked at the results for the 2015 survey which was open to people for two months during January and February 2015 and the services individual service report for 2014. We saw that 75% of people living at the service were happy with the support they received. As a result of the survey we saw that an action plan had been developed to address areas for improvement and steps identified as to how this could be achieved. For example contact with volunteers was suggested and we saw that the registered manager had made contact with a volunteer coordinator to set up a network of support.

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>Regulation 17 (1) (2) (c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Systems and process were not established and operated effectively to ensure compliance with the requirements. Records in respect of each service user were not accurate, complete and contemporaneous.</p>

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

Accommodation for persons who require nursing or personal care

Regulation

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

Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care and treatment was not provided in a safe way for service users and medicines were not managed in a safe and proper way.

The enforcement action we took:

Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Care and treatment must be provided in a safe way for service users.

We have issued the provider with a warning notice.

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

Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Premises and equipment were not clean, safe, suitable and properly maintained.

The enforcement action we took:

Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
All premises and equipment used by the service provider must be — clean, secure, suitable for the purpose for which they are being used, properly used, properly maintained, and appropriately located for the purpose for which they are being used.

We have issued the provider with a warning notice.