

Voyage 1 Limited Bridge House

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?

Inadequate



Overall summary

We visited Bridge House on 9, 22 December 2014 and on 14 January 2015 we met one of the registered managers who was providing registered managerial oversight. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Bridge House is a two-floor detached house set in its own grounds. A second separate small care home was built in the grounds and this service operates independently from Bridge House. The home accommodates up to seven people with learning disabilities.

In November 2014 concerns were raised around the general operation of the home and that staff were not supported to adopt best practice guidelines when supporting people. This meant that staff were not adopting positive risk-taking measures or supporting people to be as independent as possible. We found that the provider had started to take action to ensure the staff understood how to provide care and support that encouraged people to develop their skills but this was at a very early stage of implementation.

Summary of findings

The home does not have a manager in post. The previous registered manager left in July 2014 and cancelled their registration on 30 October 2014. 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 found that there was a lack of managerial oversight of the home. Since the previous registered manager left three managers from other homes and the operational manager had been overseeing the service. On each occasion that we visited no manager was on site. We found the registered manager from the adjacent home had provided support but was no longer doing so and one of the managers from a different home now went to the home, when possible, around two days a week. This manager had completed some work with staff to improve the service as had the operational manager. However, we found the lack of stable management oversight meant staff were not adequately supported to make changes.

When we completed visits the senior carers were out with some of the people who used the service as they were the only ones with a driving licence. The remaining staff could not access the registered managerial records; could not administer medication and were unclear as to who was providing overall management. On each subsequent visit we found that there was no registered manager on site and staff did not know when the registered managers covering the home would visit.

We found that one of the managers providing oversight could remotely provide us access to training and supervision records but staff at the home did not know how to do this. Also they could not provide us with any accident and incident analysis, complaints records, quality assurance records, medication audits, maintenance records, surveys, staff and resident meeting minutes or records in relation to behavioural incidents and care record audits. On three occasions we asked for this information to be provided but this was not supplied.

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training but were unclear about the requirements of the Act. No records were in place to show that staff completed capacity assessments where appropriate and made 'best interest'

decisions. We found that all of the people were under constant supervision and prevented from going anywhere on their own. This included leaving the building to go into the garden or over to visit people at the other home, although both properties were enclosed by a six foot fence. Staff did not know whether people were subject to DoLS authorisations, which are needed if people lack capacity to make decisions and these types of restrictions are made. Staff could not tell us if any DoLS had been applied for or who was responsible for making these applications.

People living at the home required staff to provide support to manage all of their day-to-day care needs as well as to manage their behaviour and reactions to their emotional experiences. We found that the staff were very caring and understood each person's needs but the records did not reflect the work they completed or reflect people's current needs. We found that the provider had identified this gap and one of the managers who provided oversight had reviewed the care records to determine what action needed to be taken.

We saw that people had plenty to eat. We saw that each individual's preference was catered for and staff ensured that each individual's nutritional needs were met. Staff monitored each person's weight and took appropriate action if concerns arose. However, the records did not accurately show the actions staff were taking to ensure people received a healthy diet.

People had complex needs and very limited verbal communication. We found that the provider had assessed the dependency needs at the home and one person had recently been provided with one-to-one care. We saw that four staff were on duty during the day and two staff members were on duty at night. Staff told us this staffing level had been the same prior to the introduction of the one-to-one. The operational manager explained that the staffing levels had been increased whilst agreements for one-to-one were obtained and these were the correct levels for the people who used the service. From discussions with staff we found that the staffing levels provided sufficient cover.

We found that the care staff were responsible for cleaning the house and although aware of the infection control

Summary of findings

procedures and environments no process was in place to complete deep cleans. Some of the people had continence management needs and this meant these deep cleans were needed on a regular basis.

We found that senior care staff completed safe handling of medication training and were the only people who could administer medicines. However, if they were the only designated driver on duty they needed to leave the home, which meant no medicines could be administered when they were out. The remaining staff did not have access to the medicines and were unable to show us how these were stored.

Staff had received a range of training, which covered mandatory courses such as fire safety as well as condition specific training such as managing epilepsy and other physical health needs. We found that the staff had the skills and knowledge to provide support to the people who lived at the home. We saw that the system allowed for the registered managers to remotely oversee staff progress in completing mandatory training and remind staff that this needed to be completed. One of the registered managers overseeing the service found that staff had not completed supervision since September 2014 or their yearly appraisals so was taking action to ensure these were completed.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We saw that people living at Bridge House were supported to maintain good health and had access a range healthcare professionals and services. We found that staff worked well with people's healthcare professionals such as GPs and community nurses.

We saw that the provider had a system in place for dealing with people's concerns and complaints. People we spoke with told us that they knew how to complain and but did not have any concerns about the service.

We found the provider was breaching a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to use of registered managerial oversight, records keeping, assessing and monitoring the performance of the home; consent and the management of medication. You can see what action we took at the back of the full version of this 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 always safe.

Staff knew what to look for as signs of potential abuse and how to report any concerns. Staff were able to assess situations and take action to reduce potential risks.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Systems for the management and administration of medicines needed to be improved. We could not confirm what checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through training but action was needed to ensure all of the staff completed the company required refresher training.

Staff needed to improve their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS were not applied for when appropriate and staff had not applied the MCA legislation.

People were provided with a choice of nutritious food, which they choose at weekly meetings. People were supported to maintain good health and had access to healthcare professionals and services.

Requires Improvement



Is the service caring?

This service was caring.

We saw that the staff were very caring and people were supported to live ordinary lives. The staff discreetly supported people to deal with all aspects of their daily lives.

Throughout the visit, staff were attentative to people's needs and constantly engaging people in conversations. These interventions were tailored to ensure each individual's communication needs were taken into consideration.

People were treated with respect, their privacy and dignity were promoted. People were appropriately supported to make decisions about their care.

Good



Is the service responsive?

The service was not always responsive.

Requires Improvement



Summary of findings

The care records did not demonstrate that people's needs were continuously assessed. The care plans did not clearly identify the support each person needed. These plans were not regularly checked to make sure they were still effective. However staff could clearly outline what needs and support people required.

People were involved in a wide range of activities and outings. We saw people were encouraged and supported to take part in activities both in the home and the local community.

Staff understood the complaint process and the operational manager was a strong advocate for the people who used the service. One of the registered managers overseeing the service was ensuring the complaint file contained accurate information and that complaints had been addressed.

Is the service well-led?

The service was not well led.

No registered manager was in post. The management of home over the last few months had been shared by at least three registered managers from other homes and the operational manager. None of the staff we spoke with knew what the arrangements were or who to go to if they needed advice.

Staff had not received consistent messages about how they were to work with people and this limited their ability to make improvements. Staff had not received supervision or in recent months attended staff meetings.

We could not access information at the home related to the systems in place to monitor and improve the quality of the service provided. One of the registered managers overseeing the home and the operational manager detailed the gaps they had found and what action was being taken to resolve the issues.

Inadequate



Bridge House

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 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.

An adult social care inspector completed this unannounced inspection of Bridge House on 9, 22 December 2014 and 14 January 2015.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits.

During the inspection we met with the four people who used the service. We also spoke with two of the registered managers who had in recent months had responsibility for overseeing the home (one of whom no longer provided this support) and three support workers.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at three people's care records, three staff records, as well as action plans completed by the operational manager. We looked around the home.

Is the service safe?

Our findings

We asked to review records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order and that checks of the building and equipment were carried out. We also asked to review information to confirm that infection control procedures were followed. Staff told us these were kept in the registered manager's office and they could only get into the room when the registered manager was at the home. Staff did not know which registered manager was overseeing the home or when they would next visit. Therefore we were unable to review these documents. We met one of the registered managers overseeing the service who told us that the senior care staff should have had access to the office. They confirmed that all of the checks were regularly carried out in line with the provider's policies and that this was scheduled centrally so not reliant on the staff ability in the home to organise these checks.

We reviewed four people's care records and saw that staff had assessed risks to each person's safety however these assessments had not been regularly reviewed. Risk assessments had not been personalised to each individual or to cover areas such as how to assist people to deal with their anxiety and deal with behaviour that challenges. The records did not provide staff all the guidance they needed to help people to remain safe. One of the registered managers overseeing the service outlined that this had been identified and action was being taken. They told us that staff had been using old and out dated templates and were now in the process of changing all of the documentation. The care record templates completed in other Voyage 1 Limited homes we had seen were comprehensive and clearly detailed the relevant information. The action plan the operational manager provided showed this deficit was being treated as a priority.

We discussed infection control with staff and who was responsible for maintaining the cleanliness of the home. Staff told us they were responsible for cleaning the home and could detail the actions they needed to take to adhere to infection control policies. However they informed us that there were no plans determining when cleaning tasks and deep cleans would be completed. Staff could not recall the last time a deep clean was conducted, when an infection control audit was undertaken or when mattresses were last checked. Staff told us that some of the people required

assistance to manage their continence needs and this impacted on the cleanliness of their rooms. However staff could provide no information to show staff had identified this and taken appropriate action. We did see that the home looked visibly clean.

This was a breach of Regulation 20 (Records), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We could not access medicines but were able to review the medication administration charts. We found that these showed people had obtained sufficient medicines and received them in line with their prescription. We could not confirm that arrangements were in place for the safe and secure storage of people's medicines.

Only senior staff were responsible for the administration of medicines to people who used the service and had been trained to safely undertake this task. When we visited senior staff were the only people on duty who could drive so they were not in the building. The other staff had not received safe handling of medicines training and did not have the key for the medicines. Therefore these staff could not administer any medication including paracetamol. Staff told us that if there was an emergency they could ask staff from the adjacent home to come in but were unclear as to whether these staff would have a key to the medicines. None of the staff could explain why they had not had training or if consideration had been given to improving the system. One of the registered managers explained that they had been looking at ensuring all of the staff were trained to administer medication but did not know if this was being progressed.

We found that information was not available which detailed each person's protocols for their 'as required' medicine. We were unable to access information to demonstrate that there was a system of regular audit checks of medication administration records and regular checks of stock.

This was a breach of Regulation 13 (Medication), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The people who used the service that we met were unable to verbally communicate what they thought about the home and staff. Therefore we spent time observing how the staff interacted with people and work with each individual.

Is the service safe?

Staff could clearly outline each person's needs and the risks such as what they needed to do if a particular person became distressed; how to deescalate behaviours that challenge and what support people needed when outside.

The staff we spoke with all were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the concerns would be shared and outlined examples of when this had happened. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had a safeguarding policy that had been reviewed in October 2014. In November 2014 concerns had been raised by visiting professionals about general practices at the home. We found that the operational manager had taken appropriate action to deal with issues and improvements had been noted by the relevant safeguarding agencies. Staff told us that they had received safeguarding training at induction and on an annual basis. We saw that all of the staff had regularly completed e-learning safeguarding training but some staff still needed to complete their annual refresher training. Staff had also completed a range of training designed to equip them with the skills to deal with all types of incident including medical emergencies. We saw that dates were already set out for when refresher training needed to be completed in 2015 and action had been taken to make sure all staff completed the course.

The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff outlined to us what they needed to do in the event of

a fire or medical emergency. Staff were unable to locate Personal Emergency Evacuation Plans (PEEP) for the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

The staff files we looked at showed us that the provider operated a safe and effective recruitment system. Evidence was available to confirm that appropriate Disclosure and Barring Service checks (DBS) had been carried out before staff started work at the home. DBS checks show whether people have been convicted of an offence or barred from working with vulnerable adults. References had been obtained and, where possible, one of which was from the last employer.

Through our observations and discussions with staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was the case. Four staff were on duty during the day and two staff on duty overnight. Staff told us that one person had recently had one-to-one hours included in their contract but the staffing levels were the same as before. We discussed this with the operational manager and two of the managers who had overseen the service. They explained that the previous registered manager had provided additional staff whilst the agreement for one-to-one support was obtained and the levels were in line with people's needs. From discussions with staff we found that the staffing levels provided sufficient cover.

Is the service effective?

Our findings

The staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. However, staff were very unclear about what action they needed to take to ensure the requirements of the MCA were followed. Staff could not tell us whether anyone at the home was subject to a Deprivation of Liberty Safeguard (DoLS) authorisation. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with thought no-one had DoLS in place.

No capacity assessments had been undertaken and no 'best interest' decisions were recorded yet staff imposed restrictions on every aspect of people's lives. Thus no one was allowed to leave the home on their own and they were under constant supervision. Staff did not recognise that without the appropriate authorisations in place this type of supervision was not lawful. Both of the registered managers who had overseen the service were aware that staff needed more support to fully understand the principles of the MCA and how to make 'best interest' decisions. The action plan the operational manager provided showed action to address this matter was scheduled.

This was a breach of Regulation 18 (Consent), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff we spoke with told us that they monitored people likes and dislikes and used this information to plan each week's menu. Menu planners were not available for us to review so we could not determine if the planned meals followed healthy eating recommendations. However, discussions with staff showed they understood how to ensure people maintained a healthy diet and were aware of what people could eat. From our review of the care records we saw that nutritional screening had not been consistently completed for people who used the service. We found that people's weight had not been routinely recorded. This was used to identify if they were malnourished, at risk of malnutrition or obesity. Staff could outline who had gained and lost weight and what action

was being taken in cases where people were at risk of malnourishment. They told us who had been referred to dieticians and the speech and language therapy team. We found that the records did not reflect this information. The action plan the operational manager provided showed action to address this matter was scheduled.

This was a breach of Regulation 20 (Records), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The meal time we observed was very relaxed and people told us they enjoyed the food that was provided. We saw that the meals looked very appetising and was plentiful.

We observed the way staff interacted with people and saw that they were attentive and appeared to understand individual's communication needs. We saw that staff constantly monitored people to ensure their needs were being met. Staff engaged people in a friendly and supportive manner. From our discussions with staff we found that they had a very good understanding of each person care and support needs.

Staff we spoke with during the inspection told us the previous registered manager had not regularly completed supervision sessions with them and had not undertaken an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. They told us that after the registered manager left, a few months had lapsed before any action was taken to ensure they received supervision. We saw that records for the recent months showed that staff had received an appraisal and at least one supervision session. Also the action plan the operational manager provided confirmed that staff meetings were now taking place on a monthly basis and were used to discuss practice.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. They told us that they completed mandatory training and condition specific training such as working with people who displayed behaviours which may challenge. The records we reviewed show that the majority of the staff training was up to date. This included: fire, nutrition, infection control, first aid, and food hygiene. We also found that the provider completed regular refresher training for a wide range of courses such as health

Is the service effective?

and safety, safeguarding vulnerable adults, physical interventions, and various conditions such as epilepsy. We saw that three people needed to complete this training, however the action plan the operational manager sent us demonstrated that all staff training would be fully up to date by the end of January 2015.

We saw that staff who had recently commenced work at the home had completed an in-depth induction programme when they were recruited. This had included reviewing the service's policies and procedures and

shadowing more experienced staff. We found that these staff only started to work on a one-to-one basis with people when both were confident that the staff member knew how to effectively support the individual.

The environment was well-designed and supported people's privacy and dignity. All bedrooms were personalised. The people at Bridge House are aging and this did have an impact on their mobility and we saw that the assessments had taken this into consideration. We saw that current assessment found that the building remained suitable for people and action had been taken to provide ground floor bedrooms for people with mobility issues.

Is the service caring?

Our findings

During the inspection we spent time with people sitting in the communal lounge area and dining room. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and interacted well with people. We saw that when people became anxious staff intervened in very supportive ways and both distracted individuals; discussed other subjects and assisted people to retreat to quieter areas of the home. The techniques the staff used effectively reassured people and we found staff sensitively deployed these measures.

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

Throughout our visit we observed staff and people who used the service engaged in general conversation and fun interactions. For instance staff supported people to look through their books and made up alternative scenarios to

the ones in the book. People enjoyed hearing these differences. From our observations we found that there was a very relaxed atmosphere and staff appeared caring. We saw that staff gave explanations in a way that people easily understood. This demonstrated that people were treated with dignity and respect.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We discussed the personal care that was provided and found the staff were adept at supporting people with personal hygiene in a discreet manner. We found the staff team was committed to delivering a service that had compassion and respect for people.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person.

From our discussion with the operational manager and two registered managers who had overseen the home we found that the provider took action to ensure the home continued to meet people's needs. We found that the provider constantly reviewed changes in individual's ability to get around the home.

Is the service responsive?

Our findings

We reviewed the care records of four people and found that each person had an assessment, which highlighted their needs. The assessment could be seen to have led to a range of support plans being developed, whowever they had not been reviewed to ensure they continued to meet each person's individuals needs. The care records were jumbled and it could not be ascertained if the information in them was current and accurate. The action plan the operational manager provided showed action to address this matter was scheduled. One of the managers providing oversight told us that they had gone through the care records with staff and outlined where there were gaps and what actions staff needed to take.

We found no information on display, which outlined how to make a complaint and staff were unable to provide us with the complaint file. We saw that the operational manager had identified that the complaint information was inaccurate and was in the process of taking steps to ensure it was accurate. We discussed the complaints procedure with both of the managers we met who had overseen the service. They were readily able to discuss with us the process they were to use for investigating complaints and who in the senior management team they needed to alert. They had a solid understanding of the procedure. We found that the operational manager was a strong advocate for people and critically reviewed the service to make sure staff followed best practice guidelines and empowered the people who used services.

This was a breach of Regulation 20 (Records), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The people who used the service needed support to manage their emotional responses to everyday activities and stress. We saw that the staff were very effective at supporting people to manage their impulse control and emotions. We saw that staff intervened and deescalated situations as people became anxious and before it caused a major issue for the person.

We saw that staff had given consideration to the impact people's learning disability had upon their ability to understand events. We observed that staff used this information to provide meaningful occupation for people and to organise outings and visits that people would enjoy. We saw that people were engaged in activities, which they appeared to enjoy.

During the inspection we spoke with staff who were extremely knowledgeable about the care and support that people received. We found that the staff made sure the home worked to meet the individual needs and goals of each person. We saw records to confirm that people had health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by their clinicians and when concerns arose staff made contact with relevant healthcare professionals. For instance one persons behaviour had changed so the staff had contacted the GP and community nurses who assisted staff to design different approaches, which resolved the issues.

Is the service well-led?

Our findings

The home does not have a registered manager in post. The previous registered manager left in July 2014 and cancelled their registration on 30 October 2014. Since this manager left three managers from other services and the operational manager had been overseeing the home. On each occasion that we visited no manager was on site. We found the registered manager from the adjacent home had provided support but was no longer doing so and one of the managers from a different home now went to Bridge House, when possible, around two days a week. This manager had completed some work with staff to improve the service as had the operational manager. However, we found the lack of stable management oversight meant staff were not adequately supported to make changes.

It is a condition of the provider's registration to have a registered manager and this is a breach of that condition. We heard that a new manager had been appointed and would be completing the registration process when they came into post in March 2015.

We found that both the managers and operational manager we spoke with clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that the provider had very comprehensive systems in place for monitoring the service. However, we were not provided with evidence to show these were being used at the home.

When we completed visits the senior carers were out with some of the people who used the service as they were the only one with a driving licence. The remaining staff could not access the managerial records; could not administer medication and where unclear as to who was providing overall management. On each subsequent visit we found that there was no manager on site and staff did not know when the managers covering the home would visit. We found that there was no mechanism in place to ensure staff were familiar with and able to access managerial information.

Staff could not tell us if any of the audits had been completed and did not know what improvements senior managers had identified as being needed. We found that staff on site took no action to monitor shift pattern to ensure sufficient staff were on duty with driving licences so that the senior carer could remain at the home. Staff were not reviewing the care records to make sure they were up to date and reflected where people's needs had changed.

This was a breach of Regulation 10 (Monitoring and assessing the performance of the service) and Regulation 20 (Records), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

From our observations and discussion with staff we found that the previous registered manager had not ensured staff kept up to date with the latest developments in the field and that they implemented these when appropriate. For example staff had not introduced models of person-centred care or implemented the requirements of the MCA.

Staff could not provide us with information to show that they, people who used the service or visitors were asked to complete surveys. We found no information to show that any analysis of this type of information had been completed for this home albeit we were aware that this was routine practice in the provider's other homes. We found that only since the operational manager had started to visit the service had any form of staff and resident meeting been introduced. Staff could not tell us which of the managers was overseeing the home or how often the operational manager visited. But they did speak positively about the operational manager and the support they did offer when at the home. Staff told us there was good communication within the team and they worked well together.

This was a breach of Regulation 10 (Monitoring and assessing the performance of the service), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

People who use services and others were not protected against the risks of inappropriate or unsafe care because an effective system for monitoring the service was not in place.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

People were not always protected against the risks associated with medicines because the provider failed to have appropriate arrangements in place to manage medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

The provider failed to ensure staff adhered to the requirements of the Mental Capacity Act 2005.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

The provider failed to ensure accurate records were maintained in respect of each person using the service and the management of the home. They also failed to ensure records were accessible.