

Barchester Healthcare Homes Limited

Wykeham House

Inspection report

21, Russells Crescent
Horley
Surrey
RH6 7DJ
Tel: 01293823835
Website: www.wykeham@barchester.com

Date of inspection visit: 14 and 15 October 2014
Date of publication: 02/02/2015

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection, which took place on the 14 and 15 October 2014. Wykeham House is a purpose built home providing 24-hour nursing care. The home is set up into four units over two floors. One part of the building is for people with dementia called Memory Lane and the other is for the elderly and frail called the High Beeches unit. The service is registered for up to 76 people. One nurse is employed on each unit and care staff dependant on the needs of people at the time. The service is within walking distance of the town centre. At the time of our inspection there were 67 people using the service.

At the time of inspection there was a registered. 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 and associated Regulations about how the service is run.

People and their relatives told us that they felt they were safe. All of the staff had received safeguarding adults training and had knowledge of the safeguarding procedures and what to do if they suspected abuse.

Summary of findings

There were not always enough staff to meet people's needs. This meant that sometimes people did not receive personal care in a timely way. People were not always being supported to do their essential exercises as recommended by health care professionals. This had an impact on how quickly people recovered from injuries.

There were incomplete pre employment checks in some of the recruitment files for three few members of staff. For example in relation to their full employment history and reasons why they had left previous employment. There was incomplete information in relation to why staff, who had concerns raised on their references, were employed and what disciplinary action had been taken relating to staff that the previous manager at the service had concerns with. This meant that staff that may not be suitable were working at the service.

Some areas of the service were clean. However there were certain aspects to the infection control that needed improvement. There were no hand washing signs in any of the bathrooms and no hand gels for people to use throughout the building. This mean that there was a risk of cross contamination. This also included staff not always using the correct procedures where bedpans were cleaned and sterilised.

There were processes in place in relation to the correct storage and audit of people's medicines. All of the medication was administered and disposed of in a safe way. Although there was a risk, due to lack of staff, that people may not get their medication in a timely way.

There were gaps in the knowledge of some of the staff in relation to meeting peoples' needs for example in relation to what action to take if someone was choking.

People thought the food was good and felt that their needs were catered for. People were encouraged to make their own decision about the food they wanted. We saw that there was a wide variety of fresh food and drinks available for people.

People had access to other health care professionals as and when they required it. However there were occasions where the opinion of the health care professionals had not been sought in a timely way. For example in relation to one person's weight loss.

Some staff knew about the Mental Capacity Act 2005 but there was no evidence that all of the staff had received training. Where people were unable to consent and decisions were made about their care we could not find evidence of any 'best interest' meetings.

People thought that the staff were caring and that they were treated with dignity and respect. They also felt that if they needed privacy then this would be given. However staff did not always take the time to communicate with people in a meaningful way. There were occasions when staff did not understand or promote respectful behaviour or social interaction. Some areas of the home smelled strongly of urine and it wasn't clear whether staff understood what this meant for other people living at the service.

People felt that staff understood their care needs. One person said that they felt very involved in the care and staff consulted them in every way. However we found that there were times when staff had not responded to people's needs specifically around those who had dementia. Not all staff understood the emotional and psychological needs of people living with dementia. There were times where people were left for long periods of time without any interaction with staff.

Some activities were available. On the first day of our inspection an entertainer was there. We saw that some people enjoyed this activity. However there were no activities provided for the afternoon or the next day. We did see occasions when staff were undertaking meaningful tasks with people.

People understood how they could make a complaint and felt comfortable to do so. There was a copy of the complaints procedure for everyone to see in the reception area. All of the complaints were logged and an action plan was written to resolve the complaint where possible.

People, relatives and staff were asked for their opinion and feedback on what they thought of the service. The information gained from this was used to make improvements. For example in relation to better communication.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Summary of findings

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.

People told us they felt safe. However there were not enough skilled and qualified staff to help ensure that people were safe at all times.

People were not protected from the risk of infection because staff did not always follow infection control guidelines.

All medicines were stored, administered and disposed of safely. Appropriate risk assessments were undertaken for people to protect them from harm.

Requires Improvement



Is the service effective?

The service was not effective.

Not all staff were up to date with their training and professional development to ensure good practice.

Staff did not have a good understanding of the Mental Capacity Act 2005. Staff were unable to evidence that peoples' rights were being protected.

People were supported to make choices and said that the food was good. Peoples' weight and nutrition were monitored and all of the people had access to healthcare services to maintain good health.

Requires Improvement



Is the service caring?

The service was not caring.

Staff did not always offer support and reassurance to people when it was needed.

People thought staff treated them with dignity and respect. They thought that they were listened to and concerns were addressed by staff.

Requires Improvement



Is the service responsive?

The service was not responsive.

For people who could not communicate clearly not all staff understood their needs. There were not enough activities for people.

The manager actively sought the views of people to improve the service. We saw occasions where staff spent time with people to do meaningful tasks such as cleaning and arts and crafts.

Requires Improvement



Is the service well-led?

The service was well led.

Good



Summary of findings

People liked the manager and felt that they could talk to them about any concerns. Staff felt very supported and liked that they could be open and honest with the manager.

Systems were in place to monitor the quality of the service and implement improvements. Where concerns had been identified there were action plans in place to address these.

Wykeham 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.

This inspection took place on the 14 and 15 October 2014 and was unannounced. During and after the inspection we spoke with nine people using the service, three relatives, 21 members of staff and six health and social care professionals that visited the service on a regular basis. These professional included a community nurse, GP, Physiotherapist, tissue viability nurse (TVN), pharmacist and a hairdresser. We observed throughout the day on all

of the floors including when meals were being served. We reviewed nine care plans, five staff files and general information displayed for people and records relating to the general management of the service. This included audits and staffing training records.

The inspection team consisted of two inspectors, an expert by experience in dementia care and one specialist advisor who was a nurse. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed records held by CQC which included notifications to inform us of any incidents, complaints and any safeguarding concerns.

We last inspected this service on the 17 October 2013 where no concerns were identified.

Is the service safe?

Our findings

People told us that they felt safe. One person said “I always feel safe, the staff are very kind and caring.”

The manager told us that they were recruiting for an additional nurse. One member of staff told us that there had been some difficulties with cover during staff sickness.” Another told us that “Personally I think we need more staff, we usually have three care staff on each floor but recently there have been less than three, this creates pressure and stress.” They said the impact of this was “Personal care is left; people aren’t getting up as quickly as they should and people are being left in wet pads”. They told us that those people who needed support to eat in their rooms would be left until last if there was a staff shortage on the day. One staff member said that they work very long hours at the service and that they were “Stressed and frightened of making a mistake” because they were so tired. They said that frequently they had to cover other areas of the service, including their own, where there was a lack of staff.

Health care and other professionals who visited the service told us that there were not enough staff. They said they saw that this was being addressed by the manager. The healthcare professional said that as a result of a lack of staff some people were not being supported to do essential exercises that were vital for them after an injury or illness. They said that this was noticed on their weekly visits as people’s health progress was very slow.

There were not enough suitably skilled staff to keep people safe. The staffing ratio developed was based on the needs of the people living at the service. According to this there should be one nurse and three carers on each of the four units per shift. The rotas showed that there were frequently less than the required numbers of staff on each unit. For example over a two week period there were 13 times when there was one less than the required amount of staff covering the dementia units. Most of the people and relatives that we spoke to about staffing told us that there were not enough staff. One relative said “Sometimes during the holiday period there are not enough staff, sometimes the nurses supervise two floors.” One person told us “They have a small problem with staffing”; they said that they don’t always get their medication on time because the nurse had to provide people with their medication for two areas of the service. We confirmed this when we looked at

their medication chart. As there were not enough suitably skilled staff on duty to meet people’s needs this was a breach of Regulation 22. Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff recruitment files contained a check list of documents that had been obtained before each person started work. This included records of any cautions or conviction, two references, evidence of the person’s identity and full employment history. We found for newer members of staff DBS (criminal records checks) were undertaken. There was no evidence that checks had been completed to ensure that the nurses continued to be registered with the Nursing and Midwifery Council (NMC). Registration is a requirement for nursing practice. For one member of staff they were not asked if they had any medical conditions, for another there was no evidence of why someone had left their previous employment. For one person’s reference concerns had been mentioned about their abilities but there was nothing on the file to explain why this person had still been recruited. We saw that several incidents of unsafe practice had been identified for one member of staff but there was no record of how this had been addressed by the previous manager. This meant that the provider could not be assured that only people suitable were employed. This is a breach of regulation 21 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

As a result of concerns raised to us before the inspection, about infection control practices and the cleanliness of the service, we included this area in our inspection. The overall cleanliness of the living areas and kitchen was good. Dirty laundry was stored appropriately and the laundry staff were aware of correct infection control procedures. However there were no hand sanitizers for people to use around the service. There were no hand washing signs on any of the sinks to guide and remind people of the correct techniques when washing their hands. This meant there was a risk of cross contamination if people were not washing their hands correctly.

Staff told us about what they would do when emptying a person’s bedpan. This included emptying the contents into the en-suite toilet in the person’s room. They would then cover the pan and carry it to the sluice room and then remove gloves and aprons and wash their hands before they left the room. However in one of the sluice rooms the sinks could not be accessed and in another sluice room the sink was dry as it had not been used. The bins in both

Is the service safe?

rooms did not contain dirty gloves or aprons. There were no pedals on the bins in the sluice rooms and the bins in one of the rooms surrounded the sluice machine risking cross contamination. This meant that there was a risk staff were coming out of the room without properly cleaning their hands. The manager told us there was no current system for recording what had been cleaned throughout the service. We saw that the service had a policy that related to infection control however the policy was not detailed and referred the reader to other Healthcare policies such as the Department of Health guidance. It wasn't clear to staff from the policy what they needed to do to reduce the risk of infections. Staff told us that they had received training in infection prevention and we confirmed this. However in staff were not always following best practice. This was a breach of regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff had knowledge of safeguarding adults procedures and what to do if they suspected any type of abuse. Staff said that they would feel comfortable referring any concerns they had to the manager or the Local Authority if needed. There was a Safeguarding Adults policy and staff had received training.

Assessments were undertaken to identify risks to people. When risks were identified appropriate management plans were developed to reduce the risk of occurrence. For example, for one person, who had diabetes, there was a plan in place to monitor this person's blood glucose levels and advice was sought from the Diabetic Nurse when required. Staff we spoke with understood the needs of the person and were documenting the checks that were undertaken.

Incidents and accidents at the service were recorded and an analysis was undertaken to look at any trends. Where an incident had occurred action was taken to reduce the risk of re- occurrence. For example one person had slipped out of their wheelchair and clear instructions for staff were given to not leave people in their wheelchairs unless otherwise stated in their care plan.

Controlled Drugs (CDs) were stored appropriately and audits of all medications took place. We looked at the Medicines Administrations Records (MARs) charts for people and found that administered medication had been signed for. All medication was stored, administered and disposed of safely.

Is the service effective?

Our findings

People told us that they felt that staff were trained. One professional told us that the stability and competency of the nursing was not of the required standard. They told us that they were aware that the experienced nursing staff had left which left a gap in the knowledge of the remaining staff. Most staff were up to date with essential training and for those that weren't training had been booked. We saw from the training plan that not all of the nurses were up to date with their clinical training. For example in relation to pressure ulcer care and taking blood samples. This training had been booked for the future. This meant that staff may not be aware of current guidance or the correct actions to take if needed.

Clinical staff were not always able to tell us the most appropriate action to take in medical emergencies. For example one told us "If someone was choking I would give back slaps and then maybe hospital." They did not explain to us that they would encourage the person to cough or attempt to remove any obstructions from the person's airway. They also did not mention that they would attempt an abdominal thrust manoeuvre on the person before calling an ambulance. When asked about resuscitation and whether they have resuscitation masks they were not clear about whether they had them in any areas of the service.

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The manager was aware of the changes in this practice and had made several applications to the Local Authority in relation to people whose liberties may need to be restricted if found to be in their best interest. We looked at two applications and found that there was no evidence of 'best interest' meetings to explain the decisions around why people's liberties needed to be restricted. Not all staff had knowledge of the Mental Capacity Act 2005 and there was no evidence that training had been provided. One person had received medicine covertly (without them knowing) but there was no rationale in the records to explain why this was necessary or a best interest meeting held. Staff did not have the understanding needed to make sure that people's rights had been assessed and protected. This was a breach of regulation 18. Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us that a new system of one to one meetings had been implemented giving each nurse on all of the four

floors responsibility to undertake supervisions with the care staff. As this system had only just been set up most of the staff had not received recent supervisions. Several staff had been asked to meet with their senior in July 2014 individually for a supervision meeting however the supervision notes were all identical and were a reminder to staff to complete food charts and other tasks. There was no evidence of any individual and personalised supervision meetings. We did not see evidence of clinical practices being monitored. However most of the staff said that they felt supported and that they were really happy with the way the new manager was developing the service.

People told us that the food at the service was good. One person said "I find it (the food) exceptional. I admire the way the food isn't wasted, the Chef is so caring." Another told us "I get enough to eat and drink." People who had special dietary needs were accommodated for. For example one person had diabetes and they were offered meals that were suitable for their needs. Another person, who was at risk of choking, was offered more pureed food. However one relative told us "He has as much as he wants, could do with having extra texture, they (staff) are frightened he will choke." This person's care plan recorded that they had lost a significant amount of weight in a short period of time. We found no reference to any actions taken, such as referral to the GP or the dietician. We told the manager about this and they told us that this would be addressed and an appointment had been made with the GP before we left. Three people had been provided meals on a tray in their room. However, after two hours we saw they food had not been eaten their meal. It was not clear whether this was because people did not want to eat their meal or that staff had not been able to provide the support they needed to eat their meal. We spoke to staff who told us that some people liked to take their time to eat their meals.

People were supported to make decisions about the food that they ate. We saw several examples of people being offered choices by selecting something from a menu. Those people unable to do this were shown alternative meals. For people who were able to communicate well we staff saw interacted with them around discussions about what they wanted to do.

People had access to healthcare services. The local GP visited the service weekly and people were supported to see their GP at the local practice if they wanted to. Other

Is the service effective?

healthcare professionals such as the Tissue Viability Nurse, Physiotherapist and Nurse Advisor to Care Homes visited the service regularly. They all told us that they felt that when they were called to the service this had been done appropriately.

Is the service caring?

Our findings

People told us that they thought staff were caring. One person said “Everyone is nice and look after you” another told us “There’s never a dull moment here. The staff always smile, they are truly wonderful.” One relative said “(staff) have a fabulous great attitude.” Some of the comments from the health care professionals that visit the service included “Staff are friendly there”, “They do fantastically well”, “They (staff) do their best.”

We observed some care interactions that were kind, sensitive and patient. One care worker speaking softly and sensitively when one person stumbled and fell whilst they were walking. This person did not like any form of intervention and preferred to get about without assistance. The member of staff knelt beside them on the floor and spoke softly whilst they were getting up. They then walked beside them chatting with them until they reached their chair.

However there were occasions when we found staff were not always caring. For example, one person told us that they were in pain, they said that the nurse had gone to get some cream. The person continued to call out. After some time a member of staff went into the room and said “What are you complaining about?” to which the person replied “I’m not complaining about anything”. The staff member asked “Have you been a good girl?” to which the person replied “I’m not a girl”. The person tried to explain to the member of staff what the issue was but the member of staff did not engage with this. They came out of the person’s room and told us “They (the person) has a sore area and had cream on there this morning; she calls out because she wants company.” The member of staff did not try to reassure the person or offer support. We spoke to the manager about this who made sure that this was cared for appropriately.

There was a strong smell of urine in the corridor on both days of the inspection. We informed a member of staff who told us that they were aware of this and this was a result of one person refusing personal care. The person’s door was open which meant that people in their rooms could also smell this. We looked at this person’s care plan and we could see no reference or plan around how staff could support this person with this issue. There was also no reference made in the care plan to the person refusing personal care. This meant that people had to smell this throughout the day. This was a breach of regulation 17. Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us that they felt the staff provided dignity and privacy when needed. When asked if they felt staff provided dignity one person told us “Oh yes they provide dignity”. They went on to say that all the staff knock on the door before entering. Staff gave examples of how they would provide dignity and respect. One told us “I give people options about what they want to wear; I close the curtains and shut the door if I’m giving personal care.” We saw examples of staff knocking on people’s doors and waiting before they entered and talking in a caring manner to people throughout the day. One family member said that staff treat them with such respect.” Their relative preferred to sit in their room and “Staff always knocked before coming in”. One relative said “The staff are very friendly and always laughed with them as well as looking as if they enjoy their job”

People told us that they felt involved in their care and listened to when they had concerns. Staff told us that they would make sure that people understood the care that was being provided and would encourage them to make decisions about their care

Is the service responsive?

Our findings

People told us they were happy and that staff knew what care they needed. One person said “My walking is very bad; staff will go out with me and offer support.” They told us that when they wanted to go out for a walk staff would provide support and this was evidenced in the person's care plan.

A relative told us they had raised a concern with staff about their family member who was struggling to drink from a cup. “It was dealt with immediately and she was given a beaker which has made life easier”.

However not all aspects of care planned responded to people's needs. Care plans were not specific about what was needed where a person had a diagnosis of dementia. All care documents used the generic term of ‘dementia’ and did not categorize what type of dementia the person had and how to support the person with specific symptoms. One of the care plans stated ‘The person is experiencing dementia due to their memory loss’. Some care was task-based and people's emotional and psychological care needs were not referred to. For example one person had been left on their own for a long period of time in their room without any interaction with staff. They told us that they were lonely and wanted someone to talk to. We asked staff why the person had been left but they could not tell us why. They brought this person into the living room to be with other people. When asked how they knew they were providing the best possible care for someone with dementia one member of staff said by “The way they look, from testimony from relatives and from staff.” Not all staff were able to provide us with a clear understanding of dementia and the needs of people living with dementia.

For people who had more complex needs and were unable to communicate as clearly staff did not show confidence in how to interact with them. For example we saw one person sat on their own for long periods of time, falling asleep due to the lack of stimulation. One member of staff gave this person a cup of tea without engaging with them. When a member of staff approached the person they became agitated. The member of staff left this person without attempting to establish why they felt agitated. We sat with this person and after a few moments they started chatting and enjoying having some meaningful interaction. The manager told us that some staff needed to develop their

understanding and confidence with people who had dementia and that this was going to be addressed. Where appropriate care had not been provided to people this was a breach of regulation 9. Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We were told by the manager that they were recruiting for an additional activities coordinator. There was one full time coordinator who had to manage the activities for the whole service. The activities coordinator told us that they knew the job was for two people and that they had lots of ideas to bring the outside community into the service. However we found that although there was an entertainer in the morning on the first day of the inspection there were no activities to engage people in the afternoon and on the second day. We heard one person saying “Oh there is a children's choir here today”. A member of staff responded saying that this activity had been cancelled whilst another member of staff saying that it had not been cancelled it was the activity from last week and the activity sheet had not been taken down. There was no alternative activity on offer. One member of staff told us “I don't think there are enough activities here, we used to have a sheet of paper outside the dining room and every day of the week there would be someone in the morning and afternoon, I see Holy Communion on a Friday and that's it.” They went on to say “People in their rooms don't get enough activity, some people are happy because they have a telly and radio.”

We observed one member of staff spending one to one time with people living on the dementia unit, reassuring them and talking about their lives with them. We saw staff support a person who was distressed. When asked by the person, staff helped them move from their bedroom to the communal area as they wanted to participate in the activity that was taking place. The staff told us that the person had developed friendships in the home and that “It's important to support the person to maintain friendships” and we saw that the person became less distressed as a result of being supported.

There were occasions when people undertook meaningful tasks with staff. For example one person was assisting a member of staff to clean their room. Another person was assisting the activities coordinator with Halloween decorations. People were walking around the different areas of the service freely and we saw people laughing and chatting in the communal areas. A visitor brought in a cat on a lead for people to stroke which they enjoyed.

Is the service responsive?

People's views were sought through a satisfaction survey and residents meetings and an action plan was developed to look at any areas that needed improvement. There was a complaints procedure that was available to people. A copy of this procedure was available in the reception area. Each complaint was logged and a copy kept in the persons care plan and also centrally. Confirmation of how the complaint

was resolved was also included. For example, one person raised concerns about the times they had their medicine and a memo was sent to all staff reminding them of the importance of this person getting their medicine on time. People told us that they would have no issue with raising a complaint with the manager if they needed to.

Is the service well-led?

Our findings

<Summary here>

People and relatives told us that they thought the service was well-led. One person told us “Oh the manager is a very very nice lady, anytime you want something the manager told me to go and knock on her door.” Health care professionals told us that the new manager was trying to work out what needed doing and was very enthusiastic and that the manager was very pro-active.

The manager was aware of the culture of the staff within the service and had identified where things needed to improve. Staff were encouraged by the manager to work in different areas of the service. Staff told us that they found this a useful way of understanding how other people worked. They said that were invited to speak with the manager to suggest ways of improving working practices. Staff told us that they felt comfortable speaking with the manager about any concerns they had with the practices of their colleagues.

The manager had introduced a system of asking staff and people for feedback and opinions. The manager has shared her values and visions for the future and made efforts to make the staff feel valued and their efforts appreciated. The manager has asked staff to work in different areas of the home to appreciate how each other work. The staff confirmed this and told us that they had a better understanding of each other’s work. The manager actively encouraged the staff to interact more with the visiting health care professionals and the professionals confirmed this to us. They told us that they felt that the new manager was concentrating on spreading the skills and knowledge of the staff and that it was making a difference. The manager told us that biggest challenge at the moment was recruiting nursing staff and improving the quality of care on the dementia units. The manager told us that they knew there was still work to be done at the service but that “The service could be brilliant” and that this is what they were striving for.

Staff told us that they thought the service was managed well. They said that the new manager had made a lot of

changes for the better even though they had only been there for a short time. We were told “The manager is seen on the floor all of the time.” Another told us “Residents are benefitting from things moving forward because of the new manager.” Whilst another told us “The manager is amazing, really enthusiastic and wants an open and transparent culture, there is an open door policy here.” We saw staff and people going to speak with the manager during the inspection.

There were posters in reception displaying the vision, mission and values of the service. This outlined what was important for people and staff to feel including support, respect and their aspirations for everyone living and working at the service. The manager told us that people and staff had been asked to put names forward for the Surrey Care Awards 2014 to recognise the good work from staff.

Meetings were held regularly with all of the provider’s managers from all of the services to discuss aspects of the running of the service including changes in regulation and updates on policies. The manager developed a comprehensive schedule of meetings with the residents and the staff. The manager told us that they would hold the ‘residents’ meetings in the mornings and all staff meetings on the same day in the afternoon. That way any concerns raised by the people could be immediately discussed with staff and addressed.

Staff had access to a Whistleblowing policy and where staff had raised concerns they had been supported through this.

The provider undertook visits to assess and monitor the quality of the service provision. An action plan was produced to highlight the areas that needed attention. Regular in house audits were undertaken including documentation, records, quality standards and clinical. Actions plans were made and these were followed up to make sure that improvements had been made. There were several systems of identifying where improvements were needed. These included spot checks by the manager during the night to check on staff practices. All the areas that we had found during the inspection had already been identified by the manager.

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	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing Regulation 22. Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Staffing. The registered person did not have suitable systems in place to ensure there were sufficient numbers of suitably qualified, skilled and experienced persons employed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers Regulation 21.(1)(a)(i)(ii)(iii)(b)(c)(i)(ii). Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Requirements relating to workers. The registered person did not have effective recruitment procedures in place that ensured that only suitable staff were employed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment Regulation 18 (a)(b).Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Consent to care and treatment. The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

Regulation 12.(1)(a)(b)(c) (i)(ii)(iii) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered person did not have effective systems in place to protect people from the risks of acquiring a health care associated infection as appropriate standards of cleanliness and hygiene were not maintained.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services

Regulation 17.(1)(a)(2)(a). Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Respecting and involving people who use services.

The registered person did not have suitable arrangements in place to ensure that people's dignity and independence were maintained as far as practicable, or to enable service users to make, or participate in making, decisions about their care.

People were not always treated with consideration and respect or provided with opportunities to promote their autonomy, independence and community involvement.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

Regulation 9.(1)(b)(i)(ii). Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Care and welfare of people who use services.

The registered person did not take proper steps to ensure each service user received care that was appropriate and safe.