

Alvington House Limited

Alvington House Retirement Home

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

Alvington House is a residential care home providing accommodation, personal care and support to up to 25 people.

The inspection took place on 2 and 4 September 2015 and was unannounced.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are “registered persons”.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was not present during the first day of our inspection.

Suitable arrangements were not in place to ensure that medicines were managed safely. The medicines

Summary of findings

cupboard was found unlocked on the day of the inspection and out of date medicines were stored in an unlocked fridge. The service did not carry out stock checks of medicines held within the service and there was no guidance provided to staff regarding when PRN medication should be administered.

We observed that some areas of the home were not cleaned to a satisfactory standard and there was no cleaning schedule for staff to follow. Effective infection control systems were not in place and guidance was not available for staff. Staff told us there was one mop bucket for cleaning toilets, bathrooms and the dining room floors and staff carried soiled laundry through the dining room to access the laundry area.

Not all equipment provided in the home was maintained to a safe standard. For instance water from the basin used for hair washing was much hotter than recommended temperatures meaning people were at risk of scalding. Window restrictors were not fitted to all upstairs windows which presented a risk to people's safety.

We found there were insufficient recruitment checks to ensure staff employed were suitable to work at the home. Not all staff files contained a reference from a past employer and there were no checks completed for one person who was involved in the service as an associate of the registered provider.

People's care needs were not always assessed and care plans were not consistently completed and reviewed. We saw that one person whose needs had significantly changed did not have an up to date assessment or care plan in place.

Where risks were identified suitable risk assessments and control measures had not been implemented. For example we found that a number of people had been identified as being at high risks from falls although measures to keep them safe had not been recorded and referrals to the falls team were not always made in a timely manner.

Staff did not understand their responsibilities under the Mental Capacity Act (MCA) and had not received training in this area. We saw no evidence of mental capacity assessments or best interest decisions in people's care files. The registered manger told us they were aware this was an area which required work.

People told us that there were enough staff deployed to support their care needs although they did not always have time to offer activities. People told us that activities had decreased over the past months and there was often nothing to do. Staff told us they didn't have time to plan activities. The registered manager told us the service was in the process of recruiting an activity worker for the home.

The service did not undertake regular audits to monitor the quality and effectiveness of the service and systems were not in place to gather feedback from people and their relatives. There was a complaints procedure in place and we saw that complaints had been responded to in a timely manner.

We observed the atmosphere in the home was calm and relaxed and people told us staff were kind and caring. They said the manager and provider were approachable and listened to concerns. People told us they were supported to attend medical appointments and we saw evidence that health professionals were involved in people's care.

People told us they enjoyed the food provided and they were always offered an alternative if they did not like something. Staff were available to support people at meal times should they need it

During the inspection we found nine breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe

The storage, administration and recording of medicines was not managed safely.

The risks of infection control were not assessed and monitored and some areas of the home were not clean. Not all equipment was maintained to a safe standard.

There were insufficient recruitment checks to ensure staff employed were suitable to work at the home.

There were sufficient staff deployed to keep people safe.

Inadequate



Is the service effective?

The service was not always effective

Systems were not in place to protect people's rights in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Systems were not in place to ensure that training was monitored effectively.

People were supported to access health professionals and outcomes were recorded.

People told us they enjoyed the food provided and alternatives to the planned menu were offered.

Requires improvement



Is the service caring?

The service was caring

People told us that staff were kind and caring and relatives told us they were made to feel welcome.

The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner.

Good



Is the service responsive?

The service was not always responsive

People's needs were not always assessed and care plans were not all completed in sufficient detail.

People told us that they enjoyed the activities that took place although these had decreased in recent months.

Complaints procedures were in place and records showed that complaints had been addressed in a timely manner.

Requires improvement



Summary of findings

Is the service well-led?

The service was not well-led

There was no evidence that regular audits were undertaken to monitor the quality and effectiveness of the service. There was no system in place to show the service had identified areas which required improvement.

Staff told us that they felt they could raise concerns with the manager and senior staff and that they felt supported in their role.

People and relatives told us they were pleased with the improvements which had been made to the environment.

Inadequate



Alvington House Retirement Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 and 4 September 2015 and was unannounced. The inspection was carried out by four inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We talked to eight people who live at Alvington House and observed the care and support provided. We spoke to one relative during the inspection and two relatives following the inspection.

We looked at a range of records about people's care and how the home was managed. For example, we looked at seven care plans, medicines administration records, risk assessments, accident and incident records, complaints records and internal audits that had been completed.

We had not asked the provider to complete a Provider Information Return (PIR) on this occasion as we brought forward our inspection in response to information we had received about the service. A PIR 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.

This was the first inspection of the service since it was registered in December 2014.

Is the service safe?

Our findings

One person told us she felt very safe in the service, “I sometimes get anxious because it’s such a change in life but I have such good relationships with people and staff here they make me feel better”.

One relative told us that in general they felt their family member was safe although due to recent concerns they now called or visited the service every day to check their family member was well.

People were at risk because staff did not manage the storage, administration and recording of medicines safely. Medicines were stored in a wooden built-in cupboard in the corridor. The cupboard had two small internal bolts on one door and a key lock on the other door. On the day of the inspection we were able to open the cupboard without a key as the internal bolts had not been secured. This meant it could be accessible to people who used the service or other unauthorised people.

The medicines cupboard was not clean. A senior staff member told us that there was no schedule for cleaning the medicines cupboard; it was cleaned when staff saw it needed to be done. We saw the edges of the shelves had begun to break up and tape had been used to cover this. Where the tape had become dislodged there was a collection of dirt. There was a thermometer in the cupboard although we were told temperatures were not recorded.

A pharmacy blister pack system was used for administering medicines. Where this was not possible people’s daily medicines were stored in separate plastic boxes which were clearly labelled with the person’s name. This process was not applied to the storage of ‘as and when required medicines’ (PRN) which were all stored on the top shelf of the cupboard. There were a large amount of PRN medicines which were not stored in an orderly way and were difficult to reach or see the contents.

A senior staff member told us that stock checks of daily medicines were completed at the end of each monthly cycle and PRN medicines were checked to ensure they were still in date. However, these checks were not recorded meaning the service was unable to evidence what medicines were being stored. A senior staff member told us that stock control could become confusing as so many people were involved in administering medicines. They

told us that staff did not always report when medicines went missing or were dropped so people sometimes ran out of prescribed medicines resulting in people being without prescribed medicines for “a day or so” whilst they were re-ordered. No records were kept to evidence how often this occurred. A senior staff member told us this happened a couple of times a month.

There was a small, unlocked domestic fridge in the kitchen which was solely used for the storage of medicines. There was a thermometer in the fridge but temperatures were not recorded. The fridge contained medicines which expired in October 2014. We also found liquid medicines which were dispensed in October 2014. There was no date stating when the bottle had been opened and the name on the label had been changed by hand. A senior staff member told us this had been brought into the service with the person when they moved in. Staff said that the medicines stored in the fridge would be disposed of immediately. When we returned to the service two days later the medicines were still stored in the fridge.

Medication Administration Records (MAR) were printed by the pharmacy and we saw that they were completed following each administration. One person had a hand-written MAR which had not been signed by two staff members to show that the information had been accurately recorded. People had medicines profiles to support staff in the administration of medicines and Patient Information Leaflets were available for all staff members to refer to. However, there was no guidance for staff regarding how or when PRN medicines should be administered to ensure people received PRN medicines when they required them and in a consistent way.

We saw evidence that a Medicines Policy was in place and had been recently reviewed. When we asked a senior staff member about the policy she said she was unsure if there was one and did not know where it would be kept.

A senior staff member and the registered manager told us that all staff administering medicines were required to complete a training programme and would be observed to ensure they were competent. No records were kept to show that staff competency in the administration of medicines had been met.

Is the service safe?

The unsafe storage, administration and recording of medication was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The risks of infection control were not being managed safely. We observed a staff member using a yellow mop and bucket to clean the floor in a toilet area. The staff member told us that this was the only mop and bucket for all areas apart from the kitchen. We confirmed with the staff member that they used the same mop and bucket for toilets, bathrooms and the dining room. The kitchen area had a separate mop and bucket used solely for cleaning the kitchen area.

The laundry room was located at the rear of the service with the most convenient access being through the dining room or kitchen. One staff member told us they told us they carried soiled laundry through the dining room as it would not be hygienic to carry it through the kitchen. A senior staff member told us that laundry was taken through the dining area, "but only when no one was in there." The registered manager told us that laundry should be taken through the fire exits at the side of the house and not through the dining room or kitchen. We did not see procedures in place to inform staff of this.

The laundry room was unclean and cluttered with no written instructions displayed to guide staff in the washing of soiled items. One staff member told us that soiled items were placed in a white cotton bag to bring to the laundry room and another staff member told us that soiled items should be placed in a black dustbin liner. There was no sluice area, a senior staff member told us that heavily soiled items could be soaked in the domestic sink in the laundry area. Two staff members were unaware as to the correct temperature to be used to wash soiled items. We were told that plans were being discussed to purchase a washing machine with a sluice facility. We saw that domestic style laundry products were used for laundry. There were no gloves or plastic aprons stored within the laundry room. Gloves were provided when we questioned this although aprons were not made available for staff to use to help prevent contamination from soiled items

There was no cleaning schedule in place for domestic staff to follow. We found significant amounts of dirt on high level surfaces, such as interior doors and window frames, which indicated they had not been cleaned for some time. The soap dispenser in one of the toilets was empty and a fabric

towel was provided for hand-drying rather than paper towels. The registered manager told us that everywhere was cleaned regularly and domestic staff were aware of their responsibilities. The registered manager and a senior staff member informed us that domestic staff were scheduled to work every day although there had been a short fall in cover due to staff sickness. We saw evidence that spring cleaning of some rooms and communal areas had been recorded although records did not detail what constituted a spring clean.

We saw evidence that staff had attended training in infection control within the last year. The registered manager told us that no named person was responsible for infection control. There was no evidence that infection control audits had been completed.

The lack of effective infection control measures in place to protect people was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The risks in the premises and environment were not always managed safely. We found that the cellar area was used for the storage of unused equipment, archiving of paperwork and food. The door to the cellar was not locked meaning people could access this area.

The area was unclean and cluttered although most foods were stored on shelving. We saw three large plastic containers used for the storage of flour and sugar. These were unclean on the outside and the contents of two containers were not in their original packaging meaning that use by dates were not known. The fridges in the cellar area were unclean. There was a small unsecured door leading to an area of the cellar which had not been converted and contained rubble and dust.

Four people we spoke with told us that their bedrooms were kept clean and they were satisfied domestic staff were doing a good job. Resident meeting minutes from the 14 July 2015 showed that people had concerns with the cleanliness of upstairs areas. People told us that their concerns had been addressed and that upstairs areas were now cleaner.

We saw where carpets had begun to fray they had been covered with tape in a number of areas throughout the building. In some areas the tape was coming loose which

Is the service safe?

presented a trip hazard. Some carpets were also seen to be stained. The provider forwarded a maintenance schedule following the inspection which showed they plan to replace all carpets before the end of the year.

Window restraints had not been fitted to upstairs windows to safeguard people from falling. There was no evidence that risk assessments had been completed to assess, monitor or minimise the risk of people falling from windows.

We tested the water of a sink used for hair washing in one bathroom and found it to be above the recommended temperature. This meant that people were at risk of scalding. One staff member informed us that this, along with other water temperature issues had been reported on 13 August 2015. The staff member told us that someone had been to assess the issues although they were not aware as to what steps were being taken to rectify the problems. The temperatures of baths were recorded to ensure they were a safe temperature for people.

We saw evidence that cleaning chemicals had been risk assessed to inform staff how they should be used and stored. However, we saw chemicals used for maintenance such as spray glue had not been assessed and were stored in an open cupboard within the communal toilet and were therefore accessible to people who used the service.

The service did not have an up to date continuity plan in place detailing how the service would react in the event that the building could not be used. A risk assessment had been completed which showed how the risks of this occurring had been minimised.

The service was not always clean, properly maintained and suitable equipment was not always provided to keep people safe. This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff recruitment records did not contain the necessary information to help ensure the provider employed staff who were suitable to work at the home. Staff files did not all contain two references, one from the most recent employer. For example, one staff members file contained two references from colleagues and there was no evidence that previous employers had been contacted. Staff files

contained a recent photograph and a Disclosure and Barring System (DBS) check. DBS checks identify if a prospective staff have a criminal record or are barred from working with people who use care and support services.

During the inspection we spoke with one person who was involved in the service in their capacity as an associate of the registered provider. Although this person had the same access to the service as staff, there was no evidence that the provider had carried out checks to ensure their suitability for work with people who use care and support services.

Insufficient recruitment checks to ensure staff employed were suitable to work at the home was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments had been carried out to identify whether people were at risk of falls or inadequate nutrition or hydration. However, we found that where risks had been identified, measures had not been put in place to manage or reduce these risks. For example where people had been identified as at high risk of falls, no control measures had been recorded to minimise the risk of the person falling. Guidance had not been provided to staff on how to support someone following a fall. We saw evidence that one person who complained of pain following a fall was not seen by a medical professional until the following day. The person had suffered a significant injury which required hospital treatment. People were not routinely seen by a health professional following a fall and referrals were not always made in a timely manner.

The lack of effective risk management to protect people was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that a fire risk assessment had been completed by an external consultant but was unable to locate this during the inspection. We were told the risk assessment had led to all fire doors in the building being replaced as they were found not to provide adequate cover. Records showed that regular servicing had been undertaken of fire equipment and systems, portable appliances and gas appliances.

People we spoke to told us that there were enough staff on duty although one person said they felt staff had too much to do. Relatives told us that they felt there were enough

Is the service safe?

staff to meet people's needs. We did not observe anyone waiting for care during our inspection. We witnessed call bells ring on two occasions, these were answered immediately.

We saw evidence that three care staff are on duty throughout the day and two care staff during the night. In addition to providing care staff are also responsible for laundry, preparing the evening meal and clearing after the meal.

A senior carer told us people's needs at the service had changed and increased. She felt there were enough staff on duty although finding time to complete administration tasks was difficult. She said she was confident that if additional staff were required the provider would authorise this. One staff member told us that at times they felt they did not have enough time to complete activities with people.

Is the service effective?

Our findings

People told us that staff supported them to make a medical appointment if they needed one. Care plans demonstrated that people were supported to see healthcare professionals, such as GP, district nurses and hospital specialists, when they needed to. The outcomes of healthcare appointments were recorded on the persons care plan.

One relative told us that they were regularly updated on concerns regarding their family member's health and wellbeing and were consulted on any decisions.

Staff we spoke with did not have an understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The MCA exists to protect people who may lack capacity and to ensure that their best interests are considered when decisions that affect them are made. Staff told us that they had not attended training in the MCA and therefore did not understand how this legislation applied in their work. The registered manager told us that they were aware MCA training was needed for staff and planned to provide it in the future.

From speaking to staff, relatives and viewing care files we saw that a number of people experienced fluctuating capacity. We viewed seven people's files and saw no evidence of mental capacity assessments or best interest decisions. This means that people were at risk of not being involved in decisions which may affect their lives. The registered manager acknowledged this was an area the service needed to work on.

Not meeting the requirements of the Mental Capacity Act 2005 was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with did not have and understanding of Deprivation of Liberty Safeguards (DoLS) and had not received training in this area. DoLS ensure that people receive the care and treatment they need in the least restrictive manner. However, we saw no evidence that people's access to areas of the home was restricted and the front door was open at all times.

Systems were not in place to ensure that training was monitored effectively and evidence that all staff had attended mandatory training was not provided to us. We were able to see the registered manager was in the process of addressing this. Staff files contained certificates of attendance at training and a list of training was displayed on the wall. People may not receive safe, appropriate care if staff have not received training to meet people's needs

Some staff told us they had regular supervision with the manager whilst others said this was not the case. The registered manager told us she was aware that staff supervisions were not up to date. Of three files viewed one staff file contained evidence of supervision. The registered manager told us that she did not receive regular supervision.

People told us they enjoyed the food provided. They said the cook was always willing to provide them with an alternative such as an omelette, a salad or a sandwich if they did not like the main menu options. People told us that the cook welcomed their feedback about the meals provided and said their suggestions were implemented. One person said of the cook, "She tries very hard to give us what we like. She asks us for ideas." We spoke with the cook and found that they knew people's individual dietary needs and preferences well. The cook told us that the registered manager gave them information about people's dietary needs when they moved into the service.

One relative told us that the food always looked nice and their relative had put on weight. Another relative told us that their family member always enjoyed their food.

We observed the lunchtime meal and saw that dining tables were laid attractively and that there was a calm, relaxed atmosphere in the dining room. Staff were available to provide any assistance people needed. Staff made sure that people were comfortable and enjoying their meals, offering alternatives if necessary. Where people chose to eat in their rooms meals were provided at the same time and covered to keep them warm.

Is the service caring?

Our findings

People told us that they had good relationships with staff and that staff were kind and caring. One person said, “I’m very happy with the care I get. The staff are very nice people, very caring” and another person told us, “They go out of their way to look after us.” People told us that staff treated them with respect and maintained their dignity when providing care and support. They said staff knew their needs well and respected their choices.

One person told us that staff were, “knowledgeable, obliging and helpful, the relationship with them is so easy. They’re all good.” They said they were able to go to bed and get up when they wanted and were offered choices about where they would like to sit and who they would like to spend time with.

A relative told us that their family member received individual care, “because it’s quite a small home staff can take time to get to know people.” Despite problems following a fall they told us “if I had to choose again I would choose here because they have always been so lovely with (family member).”

Another relative told us that the staff were very kind and always made them feel welcome when they visited. They told us “some staff are exceptional, some are good but none are poor.” They described the atmosphere as being

friendly and told us they had recommended the home to a friend. Staff had talked to them about how to support their family member when they became confused and had adopted their ideas.

Staff spoke fondly of people and we observed that they visited everyone when they came on shift to ask how they were and if they needed anything. One staff member said “I treat them like family but would like to spend more time with them”. Another staff member told us she thought the service was “welcoming and people are well cared for, it’s not an institution.”

The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff were proactive in their interactions with people, making conversation and sharing jokes. We observed that staff supported people in a kind and sensitive way, ensuring their wellbeing and comfort when providing their care.

People told us that a residents’ meeting had been held recently and that this gave them an opportunity to have their say about the service. They said that the registered provider had encouraged them to give their views about what could be improved about the service. We read the minutes of the most recent residents’ meeting and found that the provider had taken action to address some of the issues people raised but that the range of activities had yet to improve.

Is the service responsive?

Our findings

Some care plans we checked recorded people's likes and dislikes and how they preferred their care to be provided. Care plan forms were designed to identify any needs each person had in relation to medicines, communication, personal care, continence, mobility, physical and mental health and hydration/nutrition. However, we found that not all care plans had been fully completed and some did not contain guidance for staff as to how the person liked to be supported. We found that people's care plans had been reviewed each month in the past but that no monthly reviews had been recorded since March 2015. This meant the provider could not be sure that people's care plans were reflecting their current needs. Care plans were not dated making it difficult to check when they had been implemented.

We observed that one person's needs had changed significantly following a fall. The person's needs had not been reassessed to ensure their increased needs could be met. This meant that some specialist equipment had not been ordered to support their needs. The person had no care plan or risk assessments in place to help staff support them and keep them safe.

The registered manager told us that care plans were currently being changed to a new system which was taking longer than initially anticipated. We saw that care plans and notes were currently being stored in small drawers rather than files making notes difficult to access. The information was in the process of being transferred into indexed files.

Not assessing people's needs and completing care plans in an effective manner was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they enjoyed the activities that took place. These were currently one exercise session and one reminiscence session each week, but that they would like

to see more activities organised. They said that the range of activities available had decreased in recent months. One person told us, "There are less activities than there used to be. There's often not much going on." Another person said, "There used to be more activities but now there's very little." The service did not employ an activities co-ordinator. A senior staff member told us that care staff were encouraged to arrange ad hoc activities when they had time during their shifts. However staff told us that they did not have time during their shift to organise activities, which meant that this rarely happened in practice.

People told us they would value more opportunities to go on day trips. They said that these trips had taken place in the past but had not happened recently. One person told us, "We used to go on trips out but we haven't done that for a while" and another person said, "I used to look forward to the trips but they don't happen now." People told us they had enjoyed the events that had taken place. They said staff had arranged a summer barbecue and that many of their families had taken up the invitation to attend.

Some people told us that they enjoyed taking short walks from the service. One of these people was confident in doing this independently but other people said that they would only do so with support from staff. They told us that their opportunities to take walks were restricted because staff did not have time during their shifts to accompany them.

The registered manager told us that they were in the process of trying to recruit an activity worker and was aware that this was an area of importance to people.

The lack of activities which suited people's individual needs was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A complaints procedure was in place and was included within the resident's handbook. The procedure told people how to complain and who to complain to. Records of complaints were available which indicated complaints had been addressed in a timely manner.

Is the service well-led?

Our findings

The registered manager said that she was aware that there were a number of issues within the service to be addressed. However, there was no action plan in place which showed what areas of improvement were required, or when and how they were to be addressed. The provider sent us a list of planned maintenance following the inspection.

There was no evidence that regular audits were undertaken to assess, monitor or improve the quality and effectiveness of the service. Internal audits of medication, infection control, care planning or health and safety had not been completed and systems were not in place. The administrator told us she had been in post for a short time and was looking to develop an audit system for the home. Following the inspection the feedback from an external medication audit completed in September 2014 was provided although not all the actions recommended had been implemented.

There was no system for seeking people's views of the service on a regular basis and the views of relatives had not been sought. A residents meeting had taken place in August 2015 and some of the issues raised had been addressed to people's satisfaction.

The provider did not have effective systems in place for managing incidents. The registered manager told us she believed there was an incident form but was unable to produce this on the day of the inspection. Accident forms are completed regularly although were not analysed to identify any trends or possible causes. There was no evidence that accidents or incidents were investigated.

The provider had not notified the Care Quality Commission of a number of incidents which had occurred in the service. The registered manager told us she was aware this should have been done.

The lack of effective systems to ensure good governance of the service was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager of the service had been in post for approximately 25 years, previously with a different registered provider. She told us that there had been a number of changes in the service and she felt that the new provider was keen to get things right for people and staff.

People told us that the registered manager was very caring and that the provider had met with them. They were confident they wanted to listen to their views and would act on things which concerned them.

Staff told us that they felt they could raise concerns with the manager and senior staff and felt supported.

One relative told us they could see the registered provider was looking to make changes. They had recently held a barbecue and had invited families and planned to make further improvements to the environment.

People told us that the registered provider was open and approachable and had made some improvements to the service since their registration. The majority of these improvements related to the premises. For example a new kitchen had recently been installed and people told us that the provider planned to refurbish the bedrooms and the communal areas.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

The registered provider had not ensured people were receiving safe and appropriate care and support because they did not have an up to date assessment of needs and care plan.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

The registered provider had not ensured people were provided with activities which suited their individual needs

Regulated activity

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered provider had not ensured suitable arrangements were in place to ensure that care and treatment was provided in accordance with the Mental Capacity Act 2005

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The registered provider had not ensured the service was always clean, properly maintained and suitable equipment was always provided to keep people safe

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered provider did not operate effective recruitment checks to ensure staff employed were suitable to work at the home

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered provider had not ensured care was provided in a safe way because risks to people's health and safety were not assessed and relevant actions were not taken to mitigate these risks. People were not protected by the proper and safe management of medicines. People were not protected by systems to prevention the spread of infection. Regulation 12(1)(2)(g)(h)</p>

The enforcement action we took:

We issued a warning notice to the registered provider on the 28 September 2015 in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have set a timescale of 26 October 2015 by which the registered provider must address this breach.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered provider had not ensured systems were in place to assess, monitor and improve the quality of the service provided. Regulation 17(2(a))</p>

The enforcement action we took:

We issued a warning notice to the registered provider on the 28 September 2015 in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have set a timescale of 26 October 2015 by which the registered provider must address this