

Abbey Lawns Ltd

# Abbey Lawns Care Home

## 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?

Requires improvement



### Overall summary

This unannounced inspection took place on 10 and 11 September 2015. Abbey Lawns is a care home that provides accommodation and nursing care and treatment for up to 61 adults. Accommodation is provided over three floors and the home is accessible to people who are physically disabled. Access to upper floors is via a staircase or passenger lift. The service is situated in the Anfield area of Liverpool.

There was a registered manager at the service at the time of our inspection. 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 people living at the home were protected from avoidable harm and potential abuse because the provider had taken steps to minimise the risk of abuse. Procedures for preventing abuse and for responding to

# Summary of findings

allegations of abuse were in place. Staff told us they were confident about recognising and reporting suspected abuse and the manager was aware of their responsibilities to report abuse to relevant agencies.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff referred to outside professionals promptly for advice and support. We spoke with two visiting health care professionals and they gave us good feedback about the home. They told us staff were helpful and responsive to their advice.

The manager and staff had been provided with training on the Mental capacity Act (2005) but the principles of the act were not always being applied in practice.

During discussions with staff they were able to demonstrate a good knowledge of people's needs. People who lived at the home gave us positive feedback about the staff team. They told us staff treated them well.

We looked at the preadmissions assessments and viewed the care plans for five people who lived at the home. These contained only basic information about people's needs and were not personalised.

Medication was in good supply and was stored safely and securely. We checked a sample of medication in stock against medication administration records. Our findings indicated that people had been administered their medicines as prescribed.

There were not always sufficient numbers of staff on duty to meet people's needs. Staff rotas confirmed that staffing numbers were not always maintained at an appropriate level and at the level deemed to be required by the provider.

Pre-employment checks were carried out before new staff were employed to work at the home. Some of these required improvement to ensure they were more robust.

There were shortfalls in the way in which staff were supported in their role. Staff told us they felt supported by the manager and they felt sufficiently trained in their role. However, we found that staff had not been provided with up to date training in some mandatory topics. Staff were being provided with supervision but this was infrequent and there were no team meetings taking place.

The home was accessible and aids and adaptations were in place in to meet people's needs and promote their independence. However, some areas of the home were not appropriately maintained and required attention. Some areas of the home were not clean. For example, some of the chairs and carpets were dirty. Fire safety practices were not always being carried out appropriately.

People who lived at the home and relatives had been surveyed about the quality of the service and the registered manager carried out some checks on areas of practice such as care planning and medicines management. However, we found the provider did not have an effective system in place to monitor the quality of the service.

You can see what action we told the provider to take at the end 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 always safe.

The home environment was not always being maintained to a clean and safe standard.

Staffing levels were not always maintained at the level determined as required by the provider.

Pre-employment checks were carried out on staff before they started working at the home to ensure they were deemed suitable to carry out their roles and responsibilities but these were not always as robust as required.

Systems were in place to prevent abuse and for responding to allegations of abuse.

Medicines were managed safely and people received their medicines as prescribed.

**Requires improvement**



### Is the service effective?

The service was not always effective.

Staff were not fully supported through being provided with regular and up to date training, supervision and attendance at team meetings.

The principles of the Mental Capacity Act 2005 were not being applied effectively to ensure decisions were made in people's best interests.

Care and nursing staff knew the needs of the people they supported well and staff referred to outside professionals appropriately for advice and support when people's needs changed.

The home was accessible and aids and adaptations were in place to meet people's needs and promote their independence.

**Requires improvement**



### Is the service caring?

The service was caring.

People who lived at the home and visiting relatives gave us good feedback about the staff team. Most people told us they felt the service was caring.

Staff knew people's individual needs and preferences and respected these.

**Good**



### Is the service responsive?

The service was not always responsive.

Each of the people who lived at the home had a care plan. However, we found people's individual needs were not well reflected in their care plan.

**Requires improvement**



# Summary of findings

The complaints procedure was not appropriately detailed and complaints were not managed in line with the procedure.

## Is the service well-led?

The service was not always well-led.

The provider did not have an effective system in place for assessing and monitoring the quality of the service and for ensuring improvements were made.

Staff felt well supported by the manager and people felt confident to raise any concerns they had.

**Requires improvement**



# Abbey Lawns Care 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.

The inspection was carried out on 10 and 11 September 2015 and was unannounced. The inspection team consisted of an adult social care inspector, a specialist advisor and an expert by experience with expertise in services for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a registered nurse with experience of this type of service.

We reviewed the information we held about the service before we carried out the visit. This included a review of the

Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

Prior to our inspection we contacted the local authority residential care home team and the local medicines management team for feedback about the service.

We met many of the people who lived at the home during the course of the inspection and we spoke at length with 10 people. We also spoke with seven visiting relatives, six members of the staff team including two registered nurses and the registered manager. 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 viewed a range of records including: the care records for five people who lived at the home, five staff files, records relating the running of the home and a small number of policies and procedures.

We carried out a tour of the premises and this included viewing communal areas such as lounges, dining rooms and bathrooms and a sample of bedrooms.

# Is the service safe?

## Our findings

We asked people who lived at the home if they felt safe living there. The feedback we received was positive. People's comments included: "It's OK here, very good, I'm very safe and happy no problems", "I'm very safe and comfortable here. I've got no concerns", "Of course I feel safe here. I can do most things for myself. They make sure I have my medicines - it's fine" and "I'm happy here, I feel safe and well looked after. When they move me into my chair [with hoist] and so on I feel quite comfortable and safe. They look after my medicines and I get them all on time."

We asked people who lived at the home, visiting relatives and staff to tell us what they thought about the staffing levels. People gave us mixed feedback. People's comments included: "I never have to wait long when I press my [call] button. Even if they are short staffed they come to check me", "When he presses his buzzer he doesn't have to wait too long and they're there", "Sometimes when I need to go to the toilet the staff are too busy and I have to wait too long" and "The staff are lovely but they keep saying I'll come back to you because they are too busy." Concerns were raised that staff sickness was not always being covered and this left staffing numbers lower than what was deemed to be required by the provider. We looked at a sample of staff rotas. These showed that staff sickness was not always being covered and this had resulted in reduced staffing levels on a regular basis.

On the first day of the inspection we heard the frequency of the nurse call bell increase significantly after 6.00pm. There were no staff available in the vicinity of the main lounge area when we went to check why the bell was ringing out so frequently. The deputy manager told us that staff were busy supporting people.

During the course of the inspection we saw that staff took their breaks in groups of two and three on each of the two areas. This could result in periods of time when the staffing levels are further reduced.

**Not ensuring there are sufficient numbers of staff deployed at the home at all times is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We looked at the records for newly recruited members of staff. We found that checks had been undertaken before

staff began working at the home. However, some of these were not as robust as required. For example, application forms had been completed but they did not always provide an appropriate level of detail. Not all applicants had not been required to provide references from their current or most recent employer and not all files included confirmation of people's identity. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff working at the home. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

**Not operating robust staff recruitment procedures and obtaining all of the required information about staff is in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We carried out a tour of the home environment. This included all communal areas, a sample of bedrooms, the front and rear grounds and the main kitchen and laundry. We found some areas of the home were not being maintained to an appropriate and safe standard and some health and safety checks had not been carried out appropriately. For example, fire safety records indicated that emergency lighting checks had not been carried out for three months. A means of escape check had not been carried out for over two months. A member of the maintenance team who was responsible for fire safety checks told us that checks had been carried out weekly but the records had not been updated to reflect this. The bottom of a fire escape was a trip hazard with concrete flags and scaffolding causing a potential obstruction for the route. The carpeting on one of the main corridors had a multitude of cigarette burns in it and we saw people smoking on the corridor. This presented a fire hazard and is not in line with current legislation on smoking. We contacted the local fire authority following the inspection to inform them of our findings. Following the inspection the manager confirmed that the arrangements for people smoking had been changed and people were now only allowed to smoke in the designated smoking area. They also told us that fire safety checks had been carried out and these included a check on the fire alarm system and emergency lighting.

## Is the service safe?

Some areas of the home required refurbishment as we saw cracked tiles in communal toilets, ripped flooring, the walls and paintwork in some areas of the home were dirty and heavily marked. Some areas of flooring were uneven and this can present a trip hazard. At the rear of the premises there was an area of what looked like waste land. This was used for public parking at certain times of the year. There was no security between this area and the rear of the premises where people who lived at the home had access for recreational use and as the designated smoking area. We also found that doors at the front of the property were left open throughout the course of the inspection as this exit was also being used as a smoking area.

An infection control policy was in place and all staff had recently undergone training in infection control. However, we found that not all areas of the home were appropriately clean. Some of the arm chairs were dirty, carpeting in some areas of the home was dirty and a satellite kitchen (used for serving meals) located on the 'Goodison' side of the home was not appropriately clean in all areas.

**Not maintaining all areas of the premises and equipment to a suitably clean, secure and well maintained standard is in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Medication was managed appropriately and safely. People who lived at the home told us they received their medicines on time and they reported no concerns about how their medicines were managed. Medication was only administered by trained staff. We looked at the medication administration records (MARs) for four people who lived at

the home. These were appropriately detailed and indicated that people had been administered their medicines as prescribed. The majority of medicines were supplied in a pre-packed monitored dosage system. Medicines were stored safely and checks were carried out on medicines on a regular basis.

We saw that risks to people's safety had been assessed and guidance on how to manage identified risks was incorporated into people's care plans. For example, if a person was at risk of developing a pressure wound then information about how to support the person to prevent this was documented in their care plan. However, we found some inconsistencies in assessing risks. For example, some people had a risk assessment and management plan for the use of bed rails whilst other people did not.

An adult safeguarding policy and procedure was in place. This included information about different types of abuse and guidance for staff about the actions to take in the event of an allegation of abuse. The manager was aware of their responsibilities to report allegations of abuse to relevant authorities such as the local authority safeguarding team, the police and the Care Quality Commission (CQC). People we spoke with told us that if they had any concerns about their care, they would be comfortable to report them to the nurse or the home manager, and they felt their concerns would be listened to and acted upon. Staff had been provided with training in safeguarding and they told us they would not hesitate to report alleged abuse and were confident their views would be taken seriously and acted upon.



# Is the service effective?

## Our findings

People who lived at the home and visiting relatives gave us good feedback about how they were supported. They told us staff communicated with them well and listened to them. They told us that if they needed to be seen by their doctor, this was arranged quickly and that the nurse was always available to talk to if they felt unwell. People's comments included: "They're very good, and I have everything I need" and "They let me know what's going on." A relative told us "They rang me to let me know that they've had the doctor out and that he'd been prescribed antibiotics."

Staff told us they felt well supported by the manager. They told us the manager was approachable and always acted upon any issues they raised. Staff told us they felt appropriately trained to carry out their duties and that they had recently undertaken a 13 week course which covered the following topics: understanding mental health; understanding depression; dementia awareness; deprivation of liberty safeguards; involving people in activities; nutrition and healthy eating; end of life care; infection control and safeguarding adults. We viewed a sample of staff files to assess staff training. The files we viewed contained little evidence that staff had undergone any other training in a number of years. We asked to see an overview of the staff training. This information was not available to us at the time of the inspection and was forwarded by the manager following the visit. This confirmed that some staff training was significantly out of date and the way in which training was recorded and planned was inconsistent. We saw no evidence that staff had been provided with up to date training in some mandatory topics such as: moving and handling and fire safety.

We found that staff supervision was not always being provided to care staff on a regular basis. Many staff had only had one supervision this year and many of the supervision records were not dated. The manager told us there was a daily staff handover meeting and this provided an opportunity for staff to communicate issues and discuss any changes to people's needs. The manager said it also gave her an opportunity to communicate issues to the staff. We found that there were no other formal staff meetings outside of this.

**Not having appropriate systems in place to support staff in their roles and responsibilities is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The manager and staff had been provided with training in the MCA. However, we found that the principles of the Mental Capacity Act were not always being applied in practice. We saw no evidence of any assessment of people's mental capacity having been carried out and we saw no reference to people's mental capacity having been documented in their care plan. We also saw no evidence that decisions about some aspects of people's care and support had been made in their best interests. For example one person had bed rails on their bed and used a specialised chair. Both of which could restrict their freedom to move. There was no evidence that this person had been consulted with about these or provided their consent. There was also no evidence that their capacity to consent had been assessed or that a decision had been made in their best interest. There was also no risk assessment in place for either of these.

Members of the management team and care staff were able to describe how people's verbal consent to care and support was obtained. They gave examples of asking people's permission to carry out tasks with them. However, we found no evidence that formal consent was being sought for the care/treatment provided to people who lived at the home. People had not been asked to sign their care plans as being in agreement with planned care.

**Not obtaining people's consent to care and treatment or demonstrating that decisions have been made in people's best interests in accordance with the Mental Health Act (2005) is in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**



## Is the service effective?

The home was accessible and aids and adaptations were in place to meet people's mobility needs, to ensure they were supported safely, and to promote their independence.

On one side of the building 'Goodison' we saw that the lounge was the only communal space and this was where people also ate their lunch from tables placed in front of them. This meant people could be sat in the one area for most of the day. The room was not well lit and the windows were not at eye level for people sitting down.

**We recommend the provider carry out a review of home environment to ensure people's needs are being appropriately met in line with best practice.**

The staff team was stable and many of the registered nurses and care staff had worked at the home for a number of years. They therefore had a good knowledge of the needs of the people who lived at the home and their individual preferences and choices.

We found that staff worked well alongside local healthcare professionals. Staff had referred people for advice and support if their needs changed. We sought feedback about the home from two visiting health professionals. They told us: "The staff are lovely. I've never found a problem coming here" and "The staff are helpful and there is always a staff member available to be with me. I come every three or four months and I've been coming here for four years now and I've not seen anything out of place."

We looked at how people were supported with the meals and nutrition. We asked people who lived at the home and

visiting relatives for their views on the meals and food provided. The feedback we received was mixed. People's comments included: "The food is alright. I can choose what I want to eat. I've got no problems there", "The food's pretty reasonable. It's fine", "His food is semi blended, there's a risk of him choking, all the staff are aware of this and to keep an eye on him", "The food gets boring sometimes, I'm too shy to ask [for something different]", "They ask him what he wants in the morning for lunch and the afternoon for tea and give him a choice. There's always something to like" and "I'd like to see more variety in the meals for people who have their food blended- it seems to be the same food all the time and that doesn't help people who are finding it difficult to eat anyway." A number of people commented that they would like to see more fresh ingredients used. For example, home made soup as opposed to soup mix and fresh vegetables as opposed to tinned or frozen vegetables. They felt this would improve the quality of the food.

People had a choice of a cooked breakfast every day and the main meal of the day was served at lunchtime. A lighter meal was provided at tea time and supper was also offered to people. A four week menu was in place and people were asked daily what they would like to eat from a range of options. The meal we saw provided to people during our visit looked well-presented. We sampled the main meal and it was appetising. We saw that people had a choice of meals and a number of people were having a range of alternatives from the main menu.

# Is the service caring?

## Our findings

People who lived at the home told us they felt the staff were caring. People's comments included: "The carers are very nice. I get on well with all the staff, they're very friendly. I have a laugh with them", "I'm very happy to be here. There's no better place, the staff are more or less like friends", "The carers are very good, I can laugh and joke with them", "The staff are really nice and friendly, They'll come and have a chat with me" and "They're lovely people [staff] in here."

The majority of relatives we spoke with also gave us good feedback about staff. Their comments included: "It's just brilliant in here. They've always got time for you and make you feel comfortable and welcome. All the staff are brilliant - they're chatty and friendly", "The care is brilliant. I've no complaints about the staff. There's lots of joking and laughing and banter going on. But they treat her kindly and with respect", "The staff are very accepting, and kind and compassionate. [name] can be quite combative at times, but they accept that and deal with it gently and effectively", "The staff are friendly enough. There's a mixture [age range/experience] and they all seem quite friendly" and "The staff are nice. They're friendly and will do anything to help."

Care staff had a good knowledge of the needs of the people who lived at the home and about their background and their preferences. They had a clear knowledge of people's life stories and current issues, and could recount how people had progressed since their admission.

The atmosphere in the home was friendly and relaxed. Throughout the course of the inspection we observed the

care provided by staff. We saw that staff were warm and respectful in their interactions with people and we saw they had a good rapport with people. We saw staff having a lot of banter with people and people seemed to enjoy this.

We arrived at the home at 9.30am on the first day of our inspection. Upon arrival we carried out a tour of the building in order to meet people and make observations. We saw that people had been supported to have a hot drink and most people had had their breakfast. Some people were still in bed and this was their choice. At 6.30pm we noted that most people in the communal lounges had been supported to get changed into their night wear. People told us they did not mind this but it could compromise people's dignity particularly when the home may still be receiving a high number of visitors.

Staff told us they were clear about their roles and responsibilities to promote people's independence and respect their choice, privacy and dignity. They were able to explain how they did this. For example, when supporting people with personal care they ensured people's privacy was maintained by making sure doors and curtains were closed and by speaking to people throughout, by asking people's permission and by explaining the care they were providing.

Staff were seen to knock on bedroom doors before entering and were respectful when addressing people. Staff we spoke with said that they always tried to accommodate people's wishes where possible, and where this was not possible, then they tried to reach a compromise. An example of this was shown by one person wishing to remain in bed every day. As this would not be beneficial, the staff negotiated with them so that they spent three days per week out of bed during the day. This seemed to be working well.

# Is the service responsive?

## Our findings

People who lived at the home and relatives told us staff were responsive to their needs. People felt that they were supported to make their own choices. People's comments included: "I get a nice sleep [in the afternoon] and I'm happy", "If I want a shower, I just ask for one", "They have the doctors out if there's anything they're not sure about. They keep me or my sister informed, for instance, the doctor arranged for her to go into hospital, they told us straight away", "I feel as though I'm working with them in how they care for mum, as soon as I come in they'll come and have a chat with me about how she's getting on."

We looked at how complaints had been managed. A complaints procedure was in place but this was not appropriately detailed as it did not include information about the different stages of a response to a complaint or timescales for dealing with complaints and what people could expect in terms of an outcome. We asked the manager to show us the complaints log. The manager told us they did not have a complaints log because any complaints received had been dealt with as a safeguarding concern and reported to the Local Authority. During our discussions with relatives we heard a number of examples of when they had raised a complaint but they did not know what had happened to the information or what the outcome was. People used examples of items going missing or alleged theft.

**Not having an effective system in place to receive and respond to complaints is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We looked at a sample of pre-admission assessments for people who lived at the home. These are assessments that are carried out prior to people being admitted to the home. We saw these did not include important information about people's needs, particularly in relation to their medical history and presenting health conditions. The assessments were basic and the level of detail in them would not be sufficient to form the basis of a person's care plan.

We viewed the care plans for five people who lived at the home. The level of information about people's needs was not consistent. Some care plans included more detailed and personalised information than others. Some contained minimal personalised information and were mostly

standardised statements. They provided no sense of the person and their individual needs and preferences. We saw no references in people's care plans about the individual ways that people communicated and made their needs and wishes known. People we spoke had no knowledge of their care plan. We saw no evidence, in the care records we viewed, that people who lived at the home or their representatives had been consulted with about the contents of their care plan or to indicate that they were in agreement with it.

**We recommend the provider review the quality of care planning to ensure care is planned at a consistently good standard and in line with best practice.**

We asked staff to tell us about the needs of a number of people who lived at the home and we found that they were able to describe people's individual needs, preferences and choices in detail.

The service worked well with other agencies to respond to people's changing needs. We saw in records that staff referred to a range of health care professionals for specialist advice and support to ensure people's needs were appropriately met. We found that on the whole people were being weighed on a regular basis and were being referred for nutritional advice and support if they started to experience weight loss. However, one person had been experiencing a gradual weight loss and this had not been acted upon. The nurse on duty took immediate action to refer the person for dietary advice.

We saw that a number of people were sitting in wheelchairs throughout the course of the inspection. They told us they were happy with this but they did not look comfortable or appropriately supported in their seating. One person was sat in a specialised arm chair but they did not appear to be particularly comfortable or safe in the seating position. The manager told us they had made a referral for a re-assessment of the person's needs following the inspection.

An activities co-ordinator was in post and they arranged a programme of activities. People who lived at the home and staff told us there was a good range of activities. These included regular indoor activities such as bingo and board games and regular trips out on the home's mini bus. A party was held at the end of each month to celebrate people's birthdays. People told us they enjoyed these. People's comments included: "There are a lot of activities. I join in

## Is the service responsive?

sometimes, it just depends on my mood” and “[Activities co-ordinator] is very good, they put on lots of activities and trips. I went to New Brighton last time. There’s a birthday party at the end of every month for anyone [with birthdays during the month] and they have a singer. I’m not bored, I’m too busy. I’ve got my computer [with internet] and

camera.” A number of relatives commented that they would like to see an alternative to the television being on in the main lounge. During the course of the inspection we noted that the televisions were on loud in both lounges and most people did not look particularly interested in what was on.

# Is the service well-led?

## Our findings

People who lived at the home gave us good feedback about how the home was managed. People's comments included: "I can always have a chat with [the manager], she'll always stop to talk to me. I've no complaints, I'm very happy here", "I'm very happy here. The manager is very approachable. If there's anything I need, I just ask and it's sorted", "It's just great here, I've no complaints about anything", "I've got no complaints, it's just the right place to be", "I'm alright. It's OK here" and "I've got no complaints, I'm quite happy here."

Most relatives we spoke with also gave us positive feedback. Their comments included: "The place is well run, anything I ask them to do they do pretty quick. If anything breaks, maintenance will sort it out quickly" and "[manager] is very good. Anything you ask, she'll tell you. I've never had to complain, if I did I'd tell [the manager], or beyond that I'd go outside."

We looked at how the provider assessed and monitored the quality of the service provided. We saw that the registered manager carried out audits on areas of practice such as care planning and medicines management. However, we saw no evidence that any other checks or audits were being carried out. For example, the provider had no systems in place for assessing and monitoring matters such as infection control, staff training, staff supervision, the management of complaints, the safety and maintenance of the home environment. These are areas where we found shortfalls during our inspection of the service.

### **Not having systems in place to identify and manage risks and to make improvements to the service is in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People who lived at the home and relatives had been surveyed about the standard of care provided. People's feedback was positive in the main but we did note a number of areas for improvement. These reflected some of the feedback we have noted in the report.

The home had a stable and established team of nurses and care staff who knew the people who lived at the home well. Staff we spoke with had worked at the home for many years. They told us they felt there was an open culture within the home and they felt confident to approach the manager if they had any concerns about the service. They told us they felt confident that any concerns they raised would be dealt with appropriately. The home had a whistleblowing policy, which was available to staff.

We viewed accident and incident reports and these raised no concerns with us and indicated that people were protected against receiving inappropriate and unsafe care and support. Accidents and incidents at the home were recorded appropriately and the provider had an oversight of these.

The manager was aware of their responsibility to notify the Care Quality Commission about particular events at the home and they had submitted statutory notifications in line with events.

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 18 HSCA (RA) Regulations 2014 Staffing

**The registered person had not taken appropriate steps to ensure sufficient numbers of staff were deployed across the home at all times. Regulation 18 (1).**

### Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

### Regulation

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

**The registered person had not taken steps to ensure the required information about persons employed at the home was obtained. Regulation 19 (2)(3).**

### Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

**The registered person did not have effective systems in place to maintain appropriate standards of cleanliness and hygiene. Regulation 15 (2).**

### Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

**People were not fully protected against the risks associated with unsafe premises. Regulation 15 (1).**

### Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

## Action we have told the provider to take

The registered person had not made suitable arrangements to ensure staff were appropriately supported in their roles and responsibilities. Regulation 18 (2)(a).

### Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

People's consent to care and treatment was not being obtained appropriately or in accordance with the Mental Health Act (2005). Regulation 11 (1)(3).

### Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

### Regulation

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

The registered person did not have an effective system in place for receiving and responding appropriately to complaints. Regulation 16 (1)(2).

### Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who used the service were not protected from unsafe or inappropriate care as the registered person did not have an effective system in place to regularly assess and monitor the quality of the service provided. Regulation 17 (2)(a)(b).