

Royal Borough of Kingston upon Thames

Murray House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 28 May and 2 June 2015. The first day of the inspection was unannounced and we informed one of the assistant managers that we would be returning on the second day to complete our inspection.

At the last inspection, on 14 January 2014, we found the service was meeting all the regulations we looked at.

Murray House is a care home that provides accommodation and personal care and support for up to

38 older people. There were 19 people living at the home and a further five people receiving temporary respite care when we visited. Most people using the service were living with dementia.

Accommodation was arranged over three floors. There was a passenger lift that enabled people to move freely between floors. All the bedrooms were single occupancy. The garden at the rear of the property was well maintained and wheelchair accessible.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

Quality Commission (CQC) 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.

During our inspection, we found staff had failed to store substances hazardous to health safely appropriately. This failure had placed people using the service at risk of harm. This was a breach of the Health and Social Care (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.

People told us Murray House was a safe place to live or stay for respite care. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. The service managed accidents and incidents appropriately and suitable arrangements were in place to deal with emergencies, such as fire. The building was also well maintained and safe.

People were happy living at the home. They told us staff looked after them in a way which was kind, caring and respectful. Our observations and discussions with people using the service and their relatives supported this. People's rights to privacy and dignity were respected. When people were nearing the end of their life they received compassionate and supportive care.

People were supported to maintain relationships with their family and friends. There were no restrictions on visiting times and we saw staff made people's guests feel welcome.

People were encouraged to participate in meaningful and age appropriate social activities that interested them. We saw staff actively encouraged and supported people to be as independent as they could and wanted to be.

There was a varied choice of meals, snacks and drinks and we saw staff supported people to stay hydrated and to eat well. Staff routinely monitored the health and welfare of people using the service. Where any issues had been found appropriate medical advice and care was promptly sought from the relevant healthcare professionals.

People received their medicines as prescribed and staff knew how to manage medicines safely.

Consent to care was sought by staff prior to any support being provided to people. They were involved in making decisions about the level of care and support they needed and how they wished to be supported. Where people's needs changed, the service responded by reviewing the care provided.

Sufficient numbers of staff were deployed throughout the home to meet people's needs. Staff were suitably trained, well supported and knowledgeable about the individual needs and preferences of people they cared for. The registered manager ensured staff knowledge and skills were kept up to date.

The registered manager understood when a Deprivation of Liberty Safeguards (DoLS) authorisation application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The home's management team encouraged an open and inclusive culture at Murray House. The views of people using the service, their relatives, professional representatives and staff working at the care home were routinely sought by the provider, which they used to improve the home.

People and their relatives felt comfortable raising any issues they might have about the home with managers and staff. The service had arrangements in place to deal with people's concerns and complaints appropriately.

The service had a clear management structure in place. We saw the home's management worked well together as a team and the registered manager and her three assistant managers all led by example. All the home's managers demonstrated a good understanding of their role and responsibilities, and staff told us they were always supportive and fair.

There were effective systems in place to monitor the safety and quality of the service provided at the home. The registered manager took action if any shortfalls or issues with this were identified through routine checks and audits. Where improvements were needed, action was taken.

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.

Substances hazardous to health were not always kept safely stored away when they were not in use. This failure had put people using the service at risk of harm.

People told us they were safe at the home. There were robust safeguarding and whistleblowing procedures in place and staff understood these and what abuse was and knew how to report it. Managers consistently monitored incidents and accidents to make sure people received safe care. The environment was safe and maintenance took place when needed.

There were enough staff to meet the needs of people using the service.

People were given their prescribed medicines at times they needed them.

Requires Improvement



Is the service effective?

The service was effective.

Staff were suitably trained and were knowledgeable about the support people required and how they wanted their care to be provided.

The provider acted in accordance with the Mental Capacity Act 2005 to help protect people's rights. The registered manager and staff understood their responsibilities in relation to mental capacity and consent issues.

People received the support they needed to maintain good health and wellbeing. Staff worked well with other health and social care professionals to identify and meet people's needs. People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Good



Is the service caring?

The service was caring.

People told us that staff were caring and supportive and always respected their privacy and dignity.

Staff were aware of what mattered to people and ensured their needs and preferences were met. People were fully involved in making decisions about the care and support they received. People were encouraged to be independent by staff.

People received compassionate and supportive care from staff when they were nearing the end of their life.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

The support people received was personalised and focussed on their individual needs and wishes. People's needs were assessed and care plans were developed and reviewed with their involvement.

People had enough opportunities to participate in meaningful social activities that reflected their age and interests.

There were systems in place to deal with complaints. People felt comfortable talking to staff if they had a concern and were confident it would be addressed.

Is the service well-led?

The service was well led.

People spoke positively about the home's management team and how they ran the home in an inclusive and transparent way.

The views of people and their relatives were welcomed and valued by the provider. They were used to make changes and improvements to the service where these were needed.

The provider regularly monitored the care, facilities and support people received. Ongoing audits and feedback from people were used to drive improvement.

Good



Murray 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 28 May and 2 June 2015. The inspection was unannounced.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included previous CQC inspection reports about the home, notifications of events the provider is required to inform us about and the provider

information return (PIR). The 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.

During our inspection we spoke with 12 people using the service and two visiting relatives. We also talked with the registered manager, three assistant managers, four health care workers, an activities coordinator, the cook and a cleaner.

We spent time observing care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also looked at various records that related to people's care, staff and the overall management of the service. This included six people's care plans, four staff files, and other records relating to the management of the service.

Is the service safe?

Our findings

People were placed at risk of harm because chemicals and other substances hazardous to health were not stored safely. During our inspection we saw the clinical room, and three cupboards used to store substances hazardous to health had been left unlocked and unattended by staff contrary to recognised best practice and control of substances hazardous to health (COSHH). We discussed this failing with the registered manager agreed to remind all staff about their roles and responsibilities to always keep substances hazardous to health safely and securely locked away when they are not in use. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

The service took appropriate steps to protect people from abuse. People told us Murray house was a safe place to live. Training records showed that staff had attended a safeguarding adult's at risk course in the past 12 months. Staff confirmed safeguarding training had been covered as part of their induction and was refreshed annually. It was clear from discussions we had with staff that they knew what constituted abuse or neglect, how to recognise the signs of abuse and how to report any concerns they might have. One member of staff said, "I have never seen anything that concerned me at Murray House, but if I did I would tell the manager straight away." It was also evident from comments we received from the registered manager and safeguarding records held by the CQC that the service had worked in partnership with the local authority's safeguarding team to deal effectively with a recent safeguarding concern about an individual raised in respect of Murray House.

The provider identified and managed risks appropriately. We saw each person's care plan included a personalised set of risk assessments that identified the potential hazards people may face. Staff told us these assessments provided them with detailed guidance about how they should be supporting people to manage identified risks and keep them safe. For example, care plans contained clear instructions for staff about what moving and handling equipment they should use to transfer certain individuals and how it should be used. Several staff gave us examples about people's specific dietary requirements and how their meals needed to be prepared to minimise the risk of them choking on their food.

The service managed accidents and incidents appropriately. We saw two care plans had been updated in response to accidents and incidents involving people using the service. This ensured care plans and associated risk assessments remained current and relevant to the needs of people. A member of staff told us they had updated a person's care plan recently to ensure the record continued to reflect their changing mobility needs. We saw the care plan clearly set out what additional support this individual now required to transfer from one place to another safely and minimise the risk of them falling.

There were arrangements in place to deal with emergencies. We saw the provider had developed contingency plans for people, visitors and staff to follow in the event of an unforeseen emergency, such as a fire or flooding. Training records and duty rosters showed that sufficient numbers of staff trained in basic first aid were always on duty. We saw the home was well maintained, which also contributed to people's safety. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed us equipment, such as fire alarms, extinguishers, mobile hoists; the passenger lift, call bells, and emergency lighting were regularly checked and serviced in accordance with the manufacturer's guidelines.

We saw evacuation sledges and fire extinguishers were available throughout the home. The registered manager showed us a fire safety risk assessment of the home had been carried out, which was regularly reviewed. We also saw care plans contained personalised emergency evacuation procedures (PEEPs) for people in the home. Other fire safety records indicated staff routinely participated in fire evacuation drills, which staff confirmed. Staff demonstrated a good understanding of their fire safety roles and responsibilities and told us their fire safety training was refreshed annually. The registered manager told us the London Fire and Emergency Planning Authority (LFEPA) had inspected the service in 2013 and were satisfied with the home's fire safety arrangements at that time.

We saw there were sufficient numbers of competent staff deployed throughout the home in order to keep people safe. People said there were enough staff available when they needed them. One person said, "There always seem to be lots of staff around." Another person's relative told us, "No concerns about staffing levels at Murray House. Plenty

Is the service safe?

of staff on duty when I visit, which is quite often these days”. The duty rosters showed us staffing levels were determined according to the number and dependency levels of the people using the service. Managers and several other members of staff gave an example of how staffing levels had recently been reviewed and increased at night to meet the changing care and support needs of people using the service. On numerous occasions during our inspection we observed staff responded quickly to people who had requested assistance either verbally or by activating a call bell alarm. We saw people could easily access call bell alarm cords when they needed assistance from staff.

People told us they received their prescribed medicines on time. One person said, “Staff are very good at making sure they give me my medicines when I need them.” We saw all medicines, including controlled drugs, were kept securely locked away in medicines trolleys that were chained to a

wall on each floor of the home. Medicines records showed us each person had an individualised administration sheet that included their photograph, a list of their known allergies and information about how the person preferred to take their medicines. We saw medicines administration record (MAR) sheets were all appropriately maintained by staff and contained no recording errors or omissions. Records showed all staff authorised to handle medicines in the home had received up to date medicines training. Several staff told us their competency to handle medicines safely was assessed on a bi-annual basis by their line manager. We saw managers checked medicines twice a day to ensure that any errors or omissions would be identified and rectified quickly. An assistant manager told us they were responsible for medicines management in the home which included carrying out monthly medicines audits.

Is the service effective?

Our findings

People received care from staff who were appropriately trained. People told us staff had the right knowledge, skills and experience to meet their needs. One person said, “staff are very caring and seem to know what they’re doing”, while another person told us, “I think the staff do a marvellous job here”. A relative was complimentary about the positive attitude and competency shown by staff. Records showed it was mandatory for all new staff to complete an induction, which included shadowing experienced members of staff. Staff had regular opportunities to refresh their existing knowledge and skills. Staff spoke positively about the training they received. They told us how dementia awareness training had helped them to understand the needs of people living with dementia.

Staff were well supported by the home’s management team. Records showed there were regular group and individual meetings with managers that all staff were expected to attend. Records also showed staffs overall work performance was appraised annually, which the registered manager confirmed. Staff told us they received a lot of support and guidance from the managers and had sufficient opportunities to review and develop their working practices. One member of staff told us, “we have team meetings every month and six supervision sessions a year with your line manager which works well”, while another member of staff said, “we get a lot of support and help from all the managers that work here”. The registered manager told us they used team and individual meetings with staff to gauge staff knowledge and to share information about best practice.

We observed that staff sought people’s consent before carrying out care tasks. During lunch we saw several members of staff carefully explain to people, why they had come to sit next to them, what they were going to have for their lunch and how they were going to assist them eat their meal. Where people did not have the capacity to consent to specific decisions about their care, the provider followed appropriate guidance. Records showed that in such cases, managers had carried out assessments of mental capacity to demonstrate that people were not able to make decisions for themselves and involved other relevant people to come to a decision about what was in the person’s best interests.

It was clear from discussions we had with the registered manager that they understood they were responsible for making sure people’s liberty was not unduly restricted. Records showed us the registered manager and staff team had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. These safeguards are designed to ensure that where a person is deprived of their liberty as part of their planned care, this is done only when necessary and in such a way as to protect their rights. The home had made timely referrals to the local authority as and when required.

Staff supported people to eat and drink sufficient amounts. People told us the food served at the home was “good” and they could choose what they ate at mealtimes. One person said, “The food is always excellent and if you don’t like what’s on the menu you can ask to have a salad or a sandwich”, while another person told us, “I’ve never had a bad meal here yet. The cook always asks me what I would like to have for my lunch in the morning”. A relative also told us the meals in the home usually looked and smelt “extremely appetising”. We saw one person chose to have an omelette for their lunch on the first day of our inspection, rather than what was on the menu? which was not advertised on that day’s lunchtime menu. Catering staff were familiar with people’s specific dietary requirements and food likes and dislikes because they had access to detailed information about this. It was also clear from discussions we had with the cook that they were familiar with people’s specific nutritional needs and wishes. For example, staff we spoke with knew which people required dairy free or vegetarian meals and who preferred to have a cold meal for their lunch. We observed staff routinely offer people drinks throughout the day and saw there were jugs full of juice conveniently located throughout the home in people’s bedrooms and communal areas.

People’s nutrition and dietary needs had been assessed and were regularly reviewed by staff. Care plans included information about people’s food preferences and the risks associated with them eating and drinking, for example where people needed a soft or pureed diet. We saw evidence that if people were assessed as being at risk of malnutrition or weight loss, appropriate action had been taken by staff to refer them to specialist community based health care professionals, such as a dietitian. Furthermore, staff would closely monitor and record the dietary intake of

Is the service effective?

people identified at risk of malnutrition on a daily basis, which ensured they had all the information they needed to determine whether or not they were eating and drinking sufficient amounts to remain hydrated and well.

People were supported to remain in good health. A relative told us staff always notified them about any changes in their relative's health care. They said, "Staff are very good at keeping us informed about [my relatives] health, especially

if it deteriorates." We saw timely referrals had been made to community based health care professionals and accurate records were kept of appointments with GP's, district nurses, dentists, opticians, dietitians and occupational therapists. Care plans set out in detail how people could remain healthy and which health care professionals they needed to be in regular contact with to achieve this.

Is the service caring?

Our findings

People were supported by caring and attentive staff. People spoke positively about the staff and typically described them as “kind and caring”. Comments we received included, “I’m very happy here. The staff are so friendly and helpful”; “I would recommend this home to anyone. I’m quite happy living here” and “Murray House is a real home from home. The staff are brilliant”. Feedback we received from a relative was complimentary about the standard of care and support provided by staff at the home. During the inspection we observed interactions between people and staff. People appeared comfortable and relaxed in the presence of staff. Staff spoke to people in a respectful and warm manner. In our conversations with staff we noted they also spoke about people in a kind and respectful way. The atmosphere in the home remained pleasant and relaxed during both days of our inspection.

People’s privacy and dignity was respected. We observed staff knocked on people’s bedroom doors before entering. We also saw staff provided personal care behind closed doors in order to respect people’s privacy and dignity.

People were supported to maintain relationships with those that mattered to them. A relative told us they were free to visit their family member whenever they wanted and were not aware of any restrictions on visiting times. They also told us they liked to support their family member at mealtimes, which we saw staff actively encouraged them to continue doing. Care plans identified all the people involved in a person’s life and who mattered to them. Staff told us the relatives and friends of people using the service were always invited to attend social events at the home such as birthday parties, barbeques and summer fetes.

People were encouraged and supported to be as independent as they wanted to be. People told us they could move freely and safely around the home and the rear garden. We observed staff respect one person’s wish to

travel independently in the local community without any staff support. During lunch we also saw people who needed additional support to eat and drink were offered suitably adapted plates, cutlery and cups, which ensured they maintained the ability to eat independently without the assistance of staff.

People had been supported to express their views for how their needs should be met. These were listened to and respected by staff. One person told us they felt able to tell staff what they wanted in terms of their care and support and they were supported by staff to make decisions about what happened to them. During our inspection we observed staff use a variety of different communication tools to enable people to make informed choices about the things they wanted to do. For example, we saw staff use easy to read large print and pictorial information to help some individuals choose what they ate for their lunch. The registered manager told us they had links to local advocacy services to support people if they could not easily express their wishes and did not have any family or friends to represent them. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

The service ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely within the home so that personal information about people was protected.

When people were nearing the end of their life they received compassionate and supportive care. People told us their key-worker helped them decide how they wanted to be supported with regards to their end of life care, which we saw was reflected in their care plans. Staff confirmed they had received end of life care training. The registered manager told us the service was in regular contact with palliative care specialists to seek their advice and input into end of life care matters.

Is the service responsive?

Our findings

People were involved in discussions about their care. The registered manager told us they were responsible for carrying out an assessment of people's abilities and needs before they were offered a place at the home. Staff told us this information was then used to develop personalised care plans for each person who used the service.

Care plans we looked at reflected people's needs, abilities, preferences and goals and the level of support they should receive from staff to stay safe and have their needs met. Care plans also included people's life histories, daily routines and how they liked to spend their time, food preferences, social activities they enjoyed, social relationships that were important to them and how they could stay healthy and safe. It was clear from discussions we had with staff that they were familiar with people's likes and dislikes. For example three members of staff knew what sort of beverage one person preferred to drink and who liked to join in the art and craft classes organised by the activities coordinator.

We saw people's wishes and preferences were respected in relation to the care being provided. People told us they could choose what time they got up and went to bed, what they wore, what they did during the day and what they ate and drank. Two people gave us some good examples of how staff had encouraged them to choose the gender of staff who would be providing their personal care and who they would like to be their designated key-worker. A key-worker is a health care worker who helps coordinate the care and support people they key-work for receive in the home. One person said, "I was asked who I wanted to be my key-worker and I got my first choice, which was great." Throughout our inspection we observed staff gave people time to communicate their needs and wishes and then acted upon them. We also observed staff were alert and quick to assist people when this was needed. For example, we heard a person ask if they could go to the garden and staff supported them with a walking aid to do this.

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. A relative told us they were always invited to meetings to review their family members care plan with staff to ensure it was kept up to date. Each person had a designated keyworker. Records showed keyworkers met

with people regularly to discuss their needs and any changes that were needed to the support they received. We saw care plans were updated at least once a month by people's key-workers to reflect any changes in that individuals needs or wishes. An annual review was also carried out of each person's care and support needs. These had been attended by people, their family members, social workers, staff and other relevant healthcare professionals involved in people's care. Three members of staff told us care plans provided them with all the guidance they needed to meet people's care needs, and confirmed they were reviewed on regular basis.

People could engage in social activities that interested them. A large group of people who were engaged in a morning arts session told us they were happy with the social activities they could choose to participate in. One person said, "The activities person is absolutely fabulous. She's always arranging something for us to do." Another person told us, "The lady that normally comes here organises the activities, but I'm quite happy relaxing in the lounge watching the telly or just reading a newspaper. This seems to be fine with the staff and the activities lady." During our inspection we saw the activities coordinator had arranged an early birds breakfast club, a reminiscence group about past holidays and an arts and crafts session. The activities coordinator told us about other social activities and events that regularly happened at the home which included; bingo, knitting, movie screenings, group sing-a-longs, a gardening club and visiting musicians. We saw the home had its own well stocked shop and bar, and a dedicated activities room, which contained a wide range of art and crafts materials, music, books and age appropriate games.

The provider responded to complaints appropriately. People told us they felt comfortable talking to staff if they had a problem or were concerned about something. A relative commented, "No complaints about the service [my relative] has received at Murray House, but if I was unhappy, I'm sure the manager would sort it out if I mentioned it to them. The staff are very easy to talk to here." We saw copies of the provider's complaints procedure were available in the home and several people told us they had been given information about how to make a complaint when they first arrived at the home. The procedure outlined how people could make a complaint and the process for dealing with them.

Is the service well-led?

Our findings

People using the service, relatives and staff were complimentary about the way the registered manager and their assistant managers ran Murray House. The registered manager told us they had over ten years' experience running care homes for older people and people living with dementia. The service had a clear management structure in place with clear roles and lines of accountability between the registered manager, the three assistant managers, senior staff and care workers. The registered manager told us all the assistant managers had been delegated specific roles and responsibilities to manage certain aspects of the home. For example, overseeing; medicines management, staff training and support, infection control, and building maintenance. This meant every aspect of the home was effectively managed by the management team. It was evident from feedback we received from the home's management team that they were familiar with their specific managerial roles and responsibilities. Staff told us the home was well-led. One member of staff said, "I think we [the staff] work really well as team because most of us have been together for years. The camaraderie is fantastic here."

The registered manager ensured the home had an inclusive culture where people using the service and their relatives could share their views, experiences and ideas about what the home did well and what they could do better. People spoke positively about the registered manager's open and inclusive leadership style and about how accessible she was. A relative also told us, "The manager is so easy to talk to and her office door always seems to be open." People said they had lots of opportunities to share their views about the home and to influence how it was run. For example, through daily contact with managers and staff, by participating in monthly 'residents' meetings and by completing the homes satisfaction questionnaire. One person told us, "They [the staff] often ask us what activities we would like to do and what we would like to see on the menus." It was clear from the minutes of residents meetings that they were held regularly, well attended and used by people to discuss a variety of issues that were important to them. Other records indicated people who had recently completed the home's satisfaction questionnaire were happy with the overall standard of care provided at Murray House.

Staff were asked for their views about the home. They told us there were regular team meetings where they were able to discuss their opinions openly and receive feedback about any issues or incidents that had adversely affected the service and the people who lived there. Staff also told us they felt able to speak with the home's managers if they had any concerns and were confident they would be listened to and taken seriously. One member of staff said, "The manager is very approachable and will always make time to listen to what you have to say."

The provider had good governance systems in place to assess, monitor and improve the quality and safety of the service people received at the home. Records showed us the provider regularly carried out unannounced audits of the home. We saw no issues had been identified regarding the standard of care provided at the home following several unannounced visits undertaken at Murray House in the past six months.

The registered manager told us any accidents, incidents, or allegations of abuse involving the people using the service were always reviewed and analysed so lessons could be learnt and improvements made to minimise the risk of similar events reoccurring. The registered manager also told us they used feedback received from various community based professionals, including care managers representing the local authority [the provider], Environmental Health officers and the London Fire and Emergency Planning Authority, to continually improve the service. Staff told us the outcome of any audit carried out by community based professionals or the home's management were always discussed at team meetings which ensured everyone was aware what they did well and what they could do better in the future.

The registered manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service, including incidents and accidents, allegations of abuse and events that affect the running of the home. It was evident from CQC records we looked at that the service had notified us in a timely manner about a safeguarding incident. A notification form provides details about important events which the service is required to send us by law.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care was not always provided in a safe way for people using the service because the registered person did not do all that was reasonably practicable to mitigate identified risks. Staff failed to follow recognised good practice guidance and ensure substances hazardous to health were always kept safely locked away when they were not in use.</p> <p>Regulation 12(2)(b)</p> |

This section is primarily information for the provider

Enforcement actions

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