Mrs Pauline Ann Johnson & Mr Brian Edwin Johnson

Wyvern Lodge

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?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection took place on the 3, 7 and 23 July 2015 and was unannounced.

Wyvern Lodge provides accommodation for up to 16 older people who require personal and/or nursing care.

At the time of our visit there were 14 people living in the home. Wyvern Lodge is set over three floors. The ground floor has five bedrooms, two toilets and a bathroom, along with two communal lounges, a laundry room, a dining area, kitchen and access to the outside garden and patio area and the manager's office. The first floor has four rooms, the medication cupboard, airing cupboard and toilet and the second floor has five bedrooms. Not all bedrooms have en- suite shower rooms.

There was no registered manager in post at the time of our inspection. We have received a application for a registered manager; this is currently going through the registration process. There has not been a registered manager since April 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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. At Wyvern Lodge the manager is also the owner/provider of the service. We are currently monitoring the registered manager's application.

People experienced poor standards of cleanliness and inappropriate infection control measures throughout Wyvern Lodge. Staff did not follow guidelines relating to soiled and contaminated laundry or ensured personal protective equipment was used appropriately. Staff did not follow safe administration of medicines and medicines training was out of date.

People were not protected from the risk of harm. There was lack of risk assessments that identified risks to people and how these risks were being managed. Personal evacuation plans were out of date and had not been updated when people moved rooms.

People's rights were not protected due to the provider failing to ensure mental capacity assessments and best interest decisions were in place for people who were unable to make decisions about their care and treatment. Regular meetings were held to enable people to make suggestions regarding any changes.

People told us they felt safe in the home. Recruitment procedures did not always ensure staff had received appropriate checks before they started employment to ensure they were of good character or fit to work with vulnerable people. Staffing levels were variable and affected the cleaning throughout the home, as care staff were expected to pick up this additional role when the cleaner was off. People were supported by staff who did not receive adequate supervision and appraisals. There was a lack of mandatory training so staff did not have adequate skills.

People had choice and flexibility with the meals provided. There were opportunities for people to access their local community and enjoy activities. People were supported by staff who demonstrated a kind and caring approach. Care was provided by staff who knew people well. People told us they were treated with dignity and respect.

There were no audits and monitoring processes in place to ensure the service recognised and took action when improvements were required. People felt comfortable raising concerns or complaints with the provider, however not all comments and issues had been logged as a complaint and no actions had been taken as a result. People were at risk because not all incidents and accidents were recorded and appropriate actions were not taken as a result.

We found 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 always safe.

People were not protected against the risk of infection due to the failure to ensure staff used personal protective equipment appropriately. Cleaning was inadequate and guidelines for dealing with soiled and contaminated laundry were not followed.

New staff had not received appropriate checks before they started employment to ensure they were of good character or fit to work with vulnerable adults.

People did not have risk assessments in place that identified risks or how these risks should be managed.

People were at risk of receiving their medicines unsafely due to inconsistent practice lack of training and the provider was failing to ensure policies, procedures and records were in place.

Requires improvement

Is the service effective?
The service was not effective.

People did not have appropriate assessments and best interest paperwork in place when they were unable to content to their care and treatment.

People were not supported by staff that were well trained or had received regular supervision and appraisals.

People were able to have breakfast and meals when it suited them. People were happy with their meal time experience and felt this was flexible to their needs.

Requires improvement

Is the service caring?
The service was caring.

People received care and support by staff who knew them well and who treated them in a respectful and caring manner.

People were happy with the care that was provided and staff knew people's like and preferences.

The environment was relaxed and people were able to come and go as they pleased.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

People had choice and control and were supported by staff who knew them well. Care plans were person centred and contained important information that related to people.

People had regular meetings with the provider and were happy with the activities within the home.

Is the service well-led?

Requires improvement 

The service was not well-led and did not have a registered manager who was responsible for managing the service.

People were at risk due to the provider not having robust audits in place that identified areas of concerns and had clear action plans to address shortfalls and poor standards.

People, relatives and staff were not having their views sought so that improvements could be made for people's care and experience.

Wyvern Lodge

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 over three days on the 3, 7 and 23 July 2015 and was unannounced.

The inspection team consisted of one lead inspector, one pharmacist inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of experience was older people's care.

We reviewed information held about the service and notification we had received. A notification is information about important events which the service is required to send us by law.

During this inspection we spoke with eight people who were living at Wyvern Lodge, two relatives, five members of the care staff, the manager and their wife who were also the providers. We also spoke with three health professionals who had been involved with the service. In addition we observed staff supporting people throughout the home. We observed the lunchtime meal and staff administering medicines. We also looked at a range of management records. These included four care plans, five staff files, medication records, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Requires improvement

Is the service safe?

Our findings

People were at risk of developing infections due to poor standards of cleanliness and inappropriate infection control measures. For example, areas throughout the home were dirty and one person's bedroom had a strong aroma. The down stairs bathroom had mould and visible dirt around the bottom of the shower. The bath seat was dirty and had dirt under the suckers where it had not been cleaned properly. The bath had a mouldy bath mat and a used sponge was left in the communal shower area.

The main clinical waste bin was in close proximity to the clean clothes' drying area. This area was also being used as the smoking area and had various buckets and ash trays full of old stale cigarettes. The laundry room work surfaces and washing machines were dirty with old soap powder. There was dust and dirt in between the machines and the walls. One person's bedroom had a very strong odour, even though the window was open. The provider was not ensuring staff were following appropriate guidelines in handling soiled and contaminated laundry. One member of staff did not use personal protective equipment whilst handling dirty laundry. Personal protective equipment, for example gloves and aprons, reduce the risk of cross infection. We spoke with this member of staff who acknowledged they should have used gloves and an apron. They were unable to explain why they had not used this equipment.

We found soiled and contaminated laundry was not being bagged into appropriate red disposable bags. Mops and buckets were not being appropriately stored and were left outside the side door uncovered and open to airborne contaminates. Both clinical bins were located on the ground floor. Staff were unable to dispose of clinical waste in a safe manner because both of these bins were full throughout our inspection. Both bins were not foot operated. Using foot peddle bins means that staff do not need to touch a lid to open the bin. This reduces the risk of cross infection. We found there were no hand drying facilities such as paper towels for staff to use at the point of care.

This was a breach of regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We discussed our concerns with the provider. Some improvements were made before the second day of our visit; for example, the clinical waste bin was moved away from the area where clean laundry was drying and the patio area had been cleaned. New foot operated clinical bins had been ordered and the bedroom with the strong odour had been deep cleaned.

People were at risk of receiving their medicines in an unsafe way This was due to poor practices, lack of robust policies and procedures and medicines which were administered by staff who were out of date with their safe administration of medicines training. On the first day of our inspection staff were not administering medicines in a safe manner. For example medicines were being signed as taken when they were left for the person to take. One member of staff was observed not following the protocol for the safe disposal of used needles. They had not ensured the sharps bin was available and in close proximity and had walked back into the office with the needle to dispose of it.

Care plans did not have guidelines and risk assessments in place for the administration of people's medicines. For example there were no guidelines informing staff how the person liked to take their medicines and how staff should administer them. One care plan failed to record important information relating to blood sugars. There were no guidelines for staff to follow regarding how often blood tests should be done and what normal levels would be. The manager confirmed "Staff had Medicines training a long time ago". One member of staff confirmed they had been shown by other staff but did not remember having training from anyone else. Another person's care plan failed to have any medicines guidelines relating to the administration of their Thick and Easy prescription and how staff should prepare, administer and record their medicine. Thick and Easy is sometimes added to people's drinks when there is a risk of swallowing and choking. The manager confirmed this was administered every day but there were no records that confirmed this. This meant people were at risk of receiving unsafe medicines due to inadequate guidelines and the lack of accurate records. The manager confirmed they would take action to address this shortfall.

The controlled drugs storage and records were not adequate. Arrangements for controlled drugs did not meet current legal guidelines as additional security was not in place. Disposal of one medicine had not been recorded in

Is the service safe?

the controlled drug register, the record did not demonstrate this medicine had been looked after safely or was accounted for. This meant people could be at risk due to lack of robust processes and storing of controlled drugs.

This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not all risks relating to people's safety were identified in their risk assessments. Three out of four people's risk assessments did not have adequate information relating to their risk of anti-social behaviour or their difficulty to swallow. For example one person's care plan identified they posed a risk due to their antisocial behaviour. Their care plan made reference to the triggers for this behaviour and records confirmed police involvement. Their risk assessment did not identify the risk or how this risk should be managed. Two other people were at risk due to poor swallowing. One person had been prescribed a thickener called Thick and easy. This was required to be added to all their drinks. Their risk assessments made no reference to the risk of choking and that the thickener needed to be added into their fluids. Another person was also at risk of choking while eating and required their food to be cut up. This risk had not been risk assessed and was only recorded in their care plan details. All staff we spoke with were able to confirm the risks relating to these three people. The manager confirmed this information should be within the person's risk assessment. This meant people could be at risk of receiving poor care and treatment due to risk assessments failing to identify risks and how to manage these. However, this risk was reduced by staff knowing people's needs well.

This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

A robust recruitment procedure was not in place to ensure people were supported by staff with appropriate checks. The recruitment policy included completing Disclosure and Barring Service (DBS) checks and two references. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. We reviewed three staff files relating to their pre-employment checks and found that only one file had all the necessary checks completed and available in their staff file. For example one file contained an old disclosure and barring service (DBS) check from the staff members previous employment. There was no newly completed DBS available for this member of staff since their start date of the 7 March 2015. The provider confirmed they had tried to get a DBS completed on four separate occasions but were finding this difficult due to lack of identification required. This file should also contain two references, but only had one from their previous employer. Two other staff files both had completed DBS checks prior to commencing their employment and two references. Another file did not have available identification relating to the staff member although there was a completed DBS check. The provider confirmed they had seen the necessary identification on recruiting the individual as it was a requirement for them to process the staff's DBS application. This placed people's safety and wellbeing at risk. We fed this back to the provider who confirmed they would address these shortfalls.

People were at risk due to personal evacuation plans and fire risk assessment not being current and up to date. For example nine personal evacuations plans were either no longer applicable due to the person no longer being at the home or having moved rooms. This meant people would be at risk if there was an emergency due to inaccurate records that were not up to date. We fed this back to the manager who confirmed they would take action to address this.

People, relatives and staff told us they did not always feel there were enough staff on duty. Only one person felt there were enough staff. People told us, "Sometimes very short of staff, but the manager will help" and "Sometimes could do with more staff especially to cover for holidays." Relatives told us, "There are often times when there were not enough staff" and "The room is not kept clean or tidy." Another relative said "Staff do not have time to stay and chat with the [Person] because they were always rushing off to do the next thing". Although call bells were answered quickly and the manager provided additional support, care staff were picking up additional tasks such as cleaning and emptying bins due to staff sickness. This meant planned levels of staffing were not met at times due to sickness. This affected the cleanliness of the home and their ability to spend time with people.

People told us they felt safe at Wyvern Lodge. They told us "I feel safe because this is a small home, there is no intimidation and staff do not tolerate any messing","I feel as safe here as I would at home, especially as there is someone here all night" and "I am safe here, I have a

Requires improvement

Is the service safe?

buzzer, if I need help I use it and someone comes." Staff we spoke with felt people were safe. They were knowledgeable about abuse and were able to tell us what to do and who to report it to if they had any concerns.

We reviewed the training staff had received in safeguarding adults. We found most staff had received this training, however four staff required refresher training and one required the full training. The manager confirmed staff were booked onto the refresher training. The manager also demonstrated they knew who they should contact if they had concerns relating to abuse as they made a referral whilst this inspection took place. This meant the home was liaising with appropriate professionals and ensuring concerns relating to safeguarding were actioned when required.

Requires improvement

Is the service effective?

Our findings

The service was not effective because where people were unable to give their consent because they lacked capacity to do so the provider had not acted in accordance with Mental Capacity Act 2005.

For example, we found where two people lacked capacity in daily decisions they did not have an appropriate assessment and best interest decisions in place. One person was having their room used regularly when the hairdresser visited. The room was used by other people at Wyvern Lodge who were also seeing the hairdresser that day. The person was unable to consent to their room being used in this way. Staff were unsure if the person had been consulted to their room being used like this. The manager was also unable to confirm the person was able to consent to their room being used in this way. This person was also having their food chopped up and a prescription added to their fluids to thicken drinks due to the risk of them choking. Staff we spoke with confirmed this arrangement. Their care plan confirmed they had a diagnosis of a dementia. There was no mental capacity assessment or best interest paperwork in place for this person or who had been involved in the decision relating to their room being used as a hair salon, food being chopped up or thick and easy being added to all drinks. Another person was also unable to consent to their care and was at risk of choking. Staff confirmed they were having their food cut up. The care plan had no mental capacity assessments or best interest decisions in place relating to their care being provided in this way. This meant the service was not ensuring those who lacked capacity had assessments and best interest decisions as required by The Mental Capacity Act 2005.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are an amendment to the Mental Capacity Act 2005, which allow the use of restraint or restrictions but only if they are in the person's best interest. The manager confirmed there were no DoLS in place at the time of the inspection.

Staff were not receiving adequate supervision and appraisals. Staff felt happy to discuss any concerns with the manager but did not always feel adequately supported. They told us "I don't always feel I get the support", and "I haven't had supervision for a while, since [name of person] left but I can go to [name of person] at any time". The manager confirmed that since the deputy left six months ago, supervisions had not taken place regularly and that "Things had slipped". Staff had not received an appraisal in the last two years although the manager confirmed they planned to address this.

Staff had not received adequate training to ensure they were skilled and competent to carry out their duties. For example six out of the 18 staff required training in Mental Capacity Act and DoLS, six staff needed training in infection control and five needed moving and handling training and three staff needed training in safeguarding adults. Staff confirmed they had access to training, but there had been less since the deputy left. They told us "I get enough training although it has lapsed a bit" and "training is very good". One member of staff had started a diploma in Health and Social Care. This meant although some staff felt they had access to training not all staff had received mandatory training to ensure they were skilled and competent in their role.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People were asked for their consent before staff carried out care duties including when people were supported with personal care and assistance to move their body position. Staff we spoke with confirmed how they would ensure the person is happy before they provide care and support. They told us "I ensure [person] is supported when they want to eat and so forth, it is up to them, I always talk to them to ensure they are happy". This meant people were given choice before care was provided.

People and relatives we spoke with confirmed how nice and flexible the meals were. Meals were provided at various times throughout the day. People told us "There are no set times for meals and everything is very relaxed, just as I like it" and "I choose if I go downstairs for my food, the food is good". One relative told us "The food is usually good". The dining room was a relaxed environment. People were supported to make choices and care staff were constantly chatting and engaging with people which made a pleasant atmosphere. People had choice for their tea and we saw a variety of different sandwiches being made. This meant people were happy and had choice and control with their meals.

Requires improvement

Is the service effective?

The service was not always seeking advice and guidance when people's health needs changed. For example three people should have had their needs discussed with the appropriate health professional after changes were identified. Two people had returned from their doctors visits with changes but there had been no contact from the manager relating to these changes. One person was now refusing to take their medicine, no advice had been sought from their doctor and another person had returned from an appointment and their relatives confirmed the doctor had agreed an increase in their pain relief but the manager had not made contact with the doctor to confirm this before the changes were made. One other person had blood testing equipment in place. No contact had been made to seek advice and guidance with what the arrangements were for this person and how staff should support them. This meant people were not having changes to their treatment discussed with appropriate health professionals.

All three health care professionals we spoke with felt referrals made by the home were appropriate. One health professional confirmed the service had worked well to support one person to find alternative accommodation. They told us "Communication has been good and they did everything they could to support [the person's name] but it just wasn't the right place for them". All felt that there were no concerns and that the atmosphere of the home was friendly and relaxed. This meant although the home was making referrals when required, advice and guidance was not always sought when changes were identified.

Good

Is the service caring?

Our findings

Staff interacted with people in a polite and caring manner. We saw a good rapport between staff and people that demonstrated staff knew people well and how best to support them. One member of staff provided verbal support and encouragement to one person at lunch time. This person was unable to see their dinner due to their visual impairment. The staff member got down to the same level as the person and explained what was on their plate and where their drink was. They made sure the person had time to respond and that the person was not rushed. This meant staff gave support in a kind and caring way to meet people's individual needs.

People said they were happy with their care. They told us ""Staff are very kind, they know I like to be independent and let me do what I can, but are there when I need them" and "Staff are very sociable, kind and respectful, they know what I like and what I need, they cannot be faulted" and "Staff are wonderful, they give me hugs, they chat while they are doing my care and we have a good laugh".

The provider and staff knew people well and were able to explain people's likes and preferences in relation to the way they were provided with care and support. One person became upset and went to speak to the manager. The provider talked to them in a reassuring and calm manner. They started talking about the person's drawing and sketch book. The person showed us this book and the stories they had created. They confirmed how important this was to them and how it had been an important part of theirs and their families life.

People were treated with dignity and respect. People told us staff treated them with dignity and respect and knocked before entering their rooms. Comments included "They always ask me before they do anything, if the carer is of the opposite sex they wait outside until I call them, the cleaner asks if it will disturb me if they switch the hoover on, they are all so thoughtful and kind" and "Staff make me feel nice, they always comment on my clothes and help me to select what to wear and "Staff know I was in the food industry and ask my advice on how to cook things, that gives me a boost too" and "Staff are lovely, they allow me to decide things for myself, I am comfortable when they help me". This meant people felt supported by staff who treated them with dignity and respect.

Relatives we spoke with felt staff treated people with respect. They told us "They are aware of [the person] particular needs and staff deal with them in a sensitive way" and "Staff always knock before entering [person] room and come close to tell them who they are and what they would like to do, they also tell them when they are leaving the room". Another relative was pleased with the way staff reacted with their loved one, and how happy [the person] was. They told us "In a short time they seem to know the best way to deal with them".

The environment felt relaxed and people came and went as they pleased. People appeared to be clean and generally well kept, their clothing was appropriate for age and gender and people had the option to have their hair done by the visiting hairdresser.

Good

Is the service responsive?

Our findings

We found three out of the four care plans contained important information relating to the person's likes and dislikes and their daily routines. One care plan did not contain this level of detail. We spoke with staff about this person. They confirmed this person was unable to express what was important to them due to their confusion but that they took cues from them with what they wanted. All three care plans were personal to the individual which meant staff had details about what the person liked and what their daily routine consisted of. Staff had a good knowledge of the people who lived at the home and they were able to confirm what routines people had and how people liked to be supported. One member of staff we spoke with confirmed "[Person] goes into town to get paper and things" and "[person] likes to get up themselves and we point [person] in the right direction and offer support when required". This meant people had support by staff who knew them well and care plans were individual to that person.

People made choices about their day to day lives. Three people we spoke with confirmed how they make their own decisions daily. They told us "I am an outside person, staff know this and do not place any restrictions on me, I usually leave the house at 8am after breakfast and stay out all day with my friends in town, I come back when it pleases me and staff will heat up my meal which I have in my room. I believe staff think that my room is a bit of a mess and would probably like it tidied up a bit, but they know it is my home and it is how I like it" and "I have choice if I go down for my meals or if I have them in my room, I decide on the day" and "I go out to get my paper, I enjoy that it's my choice".

People were happy with the activities in the home although there was no dedicated activities co-ordinator. Every two weeks there was an external music reminiscence group that came into the home. One person we spoke with told us "I join in if I want to otherwise I don't". One relative felt there could be a bit more time staff have to chat and socialise with people. They told us "[the person] enjoys the entertainment when it is on, but I would like it if staff had more time to sit and chat or socialise with [the person]". Two people told us how they enjoy playing crib most afternoons. We saw that people read newspapers and watched TV and came and went throughout the day.

People we spoke with knew how to make a complaint and felt comfortable raising any concerns. One person we spoke with told us of a complaint they had with another resident. They confirmed they had spoken with the manager and felt satisfied with the outcome. A relative we spoke with confirmed some niggles relating to lost laundry and communication. We reviewed the complaints received by the service. No complaints had been formally logged relating to these concerns. This meant that the service was not logging all comments and complaints received so that there was an opportunity for learning when things did not go well. The manager confirmed they would address this.

Regular meetings were held every fortnight for people to discuss and raise concerns and make suggestions regarding changes. Minutes confirmed people were happy with the choice of food, and suggested day trips had been put forward. Some people and relatives we spoke with were unaware of these meetings. This meant that not everyone in the home was aware of the meetings and when these were happening.

Requires improvement

Is the service well-led?

Our findings

The service was not well-led. There was no registered manager in post at the time of this inspection. The manager was the owner/provider who managed the home on a daily basis. A registered person is someone who is responsible for the home. This is a person who has registered with the Care Quality Commission to manage the service. There was an application in progress at the time of this inspection.

The provider did not have robust quality assurance systems in place to monitor the quality and safety of the service and to identify any areas for improvement. We found there were no audits completed for infection control, medicines, health and safety, or care plans. For example care plans were missing mental capacity assessments and best interest decisions. Areas throughout the home were dirty, mouldy and one room smelt. Clean laundry was being dried next to clinical waste and smoking area. Medicines issues had not been identified. For example; staff were failing to follow safe administration of medicines for people, there were inaccurate records, no individual support plans, guidelines or risk assessments for people taking medicines. There was no overall building maintenance or equipment audit. Equipment was unsafe, broken and dirty posing a health and safety risk. For example one wheel chair had a missing break and another one had a bold tyre. Both were dusty and dirty. The portable weighing machine had broken and had not been fixed or replaced. We found requirements relating to health and safety were needed. For example Portable appliance testing (PAT) and the homes electrical test certificate were out of date. The emergency pull cord in the down stairs bathroom was white and was hung from the middle of the ceiling, connected to another cord which ended by the side of the toilet. All cords were white and were not identifiable as an emergency cord should it need to be pulled in an emergency. This meant the provider was not ensuring there was a robust quality assurance system in place that monitored and identified areas for improvement throughout the home.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

There was a system in place for recording all types of daily incidents and accidents. Staff completed an incident log, these incidents are then recorded onto a monthly over view sheet. We found two separate incidents relating to one person had not been recorded onto an incident form. One incident related back to the beginning of the year when police had been called to the premises and another related to a recent incident in July 2015. The provider confirmed recent actions taken relating to the July incident. Actions taken included a referral to the local safeguarding authority due to the nature of the incident. A completed incident form was still required, the manager was unable to give an explanation as to why there was no completed incident form completed for both of these incidents. This meant not all incidents and accidents were being recorded and could put people at risk of not having referrals and actions taken when required. We fed this back to the manager.

The provider confirmed that the management's arrangements within the home were under review. They told us "Since the deputy left standards have dropped and are not as good as they could be". Plans were in place to review the management structure once the registered manager commenced work. This meant the management structure of the home was not ensuring sufficient standards were being met or that shortfalls had been identified prior to the inspection.

People, relatives and staff were not routinely sent feedback surveys. The last survey sent to relatives and people was in 2013. The provider confirmed they were going to send out surveys in the next few months. This meant there was no system in place that gained feedback and views from people, relatives and staff to enable the service to improve.

People were part of their local community. They were encouraged to use community facilities such as local shops, cafes and the gardens along the waterfront. People went into town and accessed their local community throughout the day.

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	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Regulation 11(1)(2)(3)(4). People's rights were not protected due to lack of capacity assessments and best interest decisions as required by the Mental Capacity Act 2005

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12(1)(2)(a)(b)(g). People were at risk due to poor practice of administration of medicines. Staff not having adequate training and people not having guidelines, risk assessments and support plans in place that ensured they received their medicines as required. People did not have an assessments in place that identified risks and confirmed support arrangements in place to reduce and manage the risks relating to behaviour and poor swallowing.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment Regulation 15(1)(a) (2). The registered provider had not protected against the risk of infections due to lack of adequate procedures, cleaning and staff not following appropriate use of person protective equipment.

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17(1)(2)(a)(b). People were at risk due to lack of robust audits that identified areas of concern relating to health, safety, and welfare of service users and others who are at risk from carrying on the regulated activity.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18(2)(a) The registered provider was not ensuring staff had adequate supervisions and appraisals or that staff were competent and skilled.