Parkcare Homes (No.2) Limited

Westbury Lodge

Inspection report

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Westbury
Wiltshire
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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

At the last comprehensive inspection in March 2016, we identified the service was not meeting a number of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care was not consistently delivered in a safe and effective way. In addition, medicines had not been safely managed and quality auditing systems were not identifying shortfalls in the service.

We issued one warning notice to the provider and eight requirement notices as a result of the concerns we identified and the service was rated, as inadequate. The service was placed into special measures. Special measures provides a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made. The Local Authority placed an embargo on admissions to the home, whilst they made the required improvements.

We completed a focussed inspection in October 2016 to ensure improvements had been made. We found the provider had taken the immediate action necessary to improve the service. During this inspection in November 2016, we found the provider had sustained some improvements but not all. Due to this, there was not enough evidence to enable the service to be removed from special measures. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. While some improvements were observed at this inspection further developments are required and the improvements made need time to embed in practise. For this reason this service will stay in special measures. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Westbury Lodge is a small home providing accommodation which includes personal care for up to eight people. At the time of our visit, six people were using the service. The service supports people with a range of needs including learning disabilities, mental health, physical disabilities and sensory impairment. The provider Parkcare homes (No.2) Limited is part of the wider Priory group. The home is arranged over two floors and does not have a lift in place. For this reason the home does not accept any placements where the person has mobility difficulties above the ground floor.

The registered manager has worked at the home since June 2016, and became the registered manager in November 2016. 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. The registered manager was present throughout the inspection.

People were at risk of dehydration and poor nutritional intake. One person who was at risk of losing weight had been prescribed supplement drinks and put on a monthly weight recording chart. We saw that during a period of nine months this person had only been weighed four times. Throughout our inspection we saw this person was not offered appropriate choices around food and drink.

People were not receiving care from regular staff that enabled consistency to be maintained. Staff had continued to leave the service since March 2016 and the registered manager told us during this inspection that one member of staff had failed to show up for their shift last week and had not been in contactable since. One person told us "Sometimes I get cross because I'm left unattended. Like when it comes to having a shower or when you need something urgently". Staff told us they felt under pressure from not having enough staff. Relatives raised their concerns "If they are there they will support him but they keep leaving don't they. There is a big turnover. He can get agitated with agency staff".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe commenting, "I have no qualms about reporting anything, I would go higher to the regional manager or head office. People we spoke with at Westbury Lodge told us they felt safe living there saying "Yes, I feel very safe".

Improvements had been made to the safety of people's medicines although some shortfalls were identified. Each person's medicine record was in a folder with a photograph of the person and information about any allergies they had. Each person's folder also had information about how they liked to be given their medicines. One person had been prescribed a medicine with advice that it should be given 30 minutes to one hour before food, but staff told us they usually gave it just after breakfast.

For people who lacked capacity to make decisions or consent to their care the home had not acted in their best interests. Decisions around medicines, leaving the home under constant supervision and consenting to living in the home had not been made involving the appropriate health professionals or following the correct procedures. Mental capacity assessments showed that these decisions had not been fully considered on an individual basis, and there was not always evidence to show how the decision had been made.

Monitoring charts were still not been completed correctly. This included fridge temperatures, night checks and fluid charts. Systems in place to monitor the service had identified some of these areas for improvement but action had not yet been taken.

Steps had been taken to improve the opportunities available for people and people were now being engaged more in activities in and out of the home. During our inspection two people were supported to go swimming and other people in the home enjoyed a pamper session from a health and beauty professional.

The home had undertaken an extensive refurbishment including putting in a whole new kitchen, redesigning the dining area, a new medicines room, all new internal doors and adding an en-suite to three rooms. People and their relatives spoke positively of the visual changes including "I like the changes to the house".

We found four repeated breaches and one new breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and of the Care Quality Commission (Registration) Regulations 2009. We are taking further action in relation to this provider and will report on this when it is completed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Improvements had been made to the management of medicines but staff were not consistently following relevant guidance or recording information sufficiently.

People were at risk of dehydration and poor nutritional intake. We saw that people were not always offered drinks or supported with appropriate meal choices.

Recruitment procedures were in place, which ensured people were supported by staff with the appropriate experience and character.

Is the service effective?

Requires Improvement

The service was not always effective.

For people who lacked the capacity to make decisions or consent to their care the home had not acted in their best interests or involved the appropriate professionals, or person's family in making decisions for that person.

Mealtimes were not an enjoyable or dignified experience for people. Choices were not consistently offered.

Focus had been given to ensuring staff had the required training to do their job effectively. More training to address any shortfalls had been scheduled.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff did not always engage with people in meaningful ways. We observed staff choosing to stand or sit near people for prolonged periods without initiating any interaction.

We received mixed responses in regard to the care people received. People told us they were happy commenting "The new staff are alright", "Staff are always polite they always knock".

Relatives told us "I am very unsure of the care. I am frightened what I might find" and "Never had any cause for concern. It's her home".

People were encouraged to be as independent as possible. We observed some people accessing the kitchen to make their own hot drinks during the day. Staff had also been supporting one person to gain more confidence when making trips into the local town.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Effective monitoring for events including fluid charts, behaviour records and night checks were not taking place as they should.

Care and treatment plans had been developed although further work was required to ensure a consistent standard throughout.

People's concerns and complaints were encouraged, investigated and responded to in good time. A complaints folder was in place which contained the provider's policy on managing complaints for staff to follow.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems were more organised and a programme of audits had enabled certain shortfalls to be identified and addressed. However, not all shortfalls found during the inspection had been identified or improved by the management team.

The culture of the home had previously not been a positive one and steps had been taken to address this, however it was hard to maintain this with the continuing staff changes to the team. A newly registered manager was in place and staff spoke positively of the support they were receiving from the new manager.

Westbury 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 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 was unannounced on the 28 November 2016 and continued on 29 November 2016. The inspection was carried out by one inspector, a pharmacist and an 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.

We spoke with four people living at Westbury Lodge, four relatives and one visitor about their views on the quality of the care and support being provided. We spoke with the registered manager, the head of quality manager, a supporting manager and four members of staff. We contacted five health and social care professionals and received feedback from two of these. We looked at people's care records and documentation in relation to the management of the home. This included staff training and recruitment records and quality auditing processes.

We looked around the premises and observed interactions between staff and people who used the service. Before our inspection, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

Requires Improvement

Is the service safe?

Our findings

During the inspection we identified that people were at risk of dehydration and poor nutritional intake. One person who was at risk of losing weight and had been prescribed supplement drinks had been put on a weight chart to be weighed monthly so staff could monitor and involve the appropriate health professionals if needed. During the inspection the registered manager could not provide us with evidence to show that this person had been weighed monthly. The registered manager said it had been done but she did not know where the recording sheet had gone.

After our inspection we made a request to the registered manager and the regional manager for the provision of this evidence within a specified time frame so we could ensure this person was receiving appropriate care. The home sent us this person's weight chart. We reviewed the evidence and saw that during a period of nine months this person had only been weighed four times. This person had experienced a consistent decline in their weight which the service had not been appropriately monitoring.

This person was on a liquidised diet and we reviewed their nutritional intake record. We saw that this person was being given a liquidised diet of regular food items including cheese, pickles and crackers and cheese on toast. We raised our concerns with the registered manager about the suitability of these foods being blended and were told the person has their food mixed with water, milk or gravy to add some fluid to it. We asked the management if they would choose to eat this meal themselves and they declined to offer a comment.

We saw this person's intake of food was very low and despite their care plan stating they preferred sweet flavours this person was not being offered any pudding at mealtimes. This person's nutritional record showed the person consistently declined to eat meals. On one day no pudding had been offered at lunch time or at tea. On another day this person had declined breakfast and a mid-morning drink. This person also declined their evening meal. On a third day they had refused their breakfast, declined an afternoon drink, declined their evening meal and declined their build-up drink. This person had not been referred to the Speech and language team (SALT) to have an assessment around their eating abilities and suitable meal preferences. The registered manager informed us a referral to the dietician had been recently made and would ensure this was followed up with a SALT referral so the person's food intake could be reviewed. This person had not been monitored appropriately.

We saw that this individual was not offered a drink throughout their meal on two occasions. One staff member told this person after they had finished their meal they had a 'build-up' drink coming. This person had been prescribed supplement drinks to their diet because they were at risk from losing weight. The supplement drinks were to be given in-between meals but this person was having them directly after their meal and as a substitute for a pudding or a drink. The person's care plan stated '[X] is not able to access drinks; there is a risk of dehydration if [X] is not provided with drinks or declines to have drinks'. This person was not been supported appropriately by staff at mealtimes.

During our mealtime observations we saw that one person did not get asked a choice of drink until a staff

member came to give them medicine after their meal. We witnessed some people reminding staff that they would like a drink with their meal. On one occasion a person asked for a drink and a staff member told them no. The staff explained that a health professional had visited and stated that this person's fluid intake was to be reduced. The person did not have this explained to them by staff and guidance had not been given to staff on when it was appropriate to refuse or give a drink. It was therefore unclear how the decision to refuse the person a drink had been made.

This was breach of Regulation 12 (1) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not receiving care from regular staff that enabled consistency to be maintained. Staff had continued to leave the service since March 2016 and the registered manager told us during this inspection that one member of staff had failed to show up for their shift last week and had not been in contactable since. One person told us "At the moment they are short staffed". Another person said "Sometimes I get cross because I'm left unattended. Like when it comes to having a shower or when you need something urgently".

Staff told us they felt under pressure from not having enough staff. Comments included "When I first came there were lots of staff and now they all have left and its hard", "Because of the lack of staff it is quite stressful as we are putting in extra hours to cover it", "We need to improve the staffing that's the big one so our staff don't have to do so much overtime", "Staffing has been a struggle, I have heard staff saying they are doing too many shifts", "We need more, the people need more one to one hours, I would reassess everyone, staff are doing medicines, cleaning, cooking and activities" and "It's hard with staffing at the moment, we feel the pressure".

Relatives raised their concerns with us regarding the staffing levels commenting "I am concerned about agency staff", "We were very disappointed after the last report. We are a little concerned about the use of so many agency staff", "If they are there they will support him but they keep leaving don't they. There is a big turnover. He can get agitated with agency staff" and "They have to spread out staff to give people one to one time". One health and social care professional told us "There are lots of staff coming and going, it's better for people to have regular staff for consistency". The registered manager had been covering some of the sleep in shifts due to staff shortages and told us recruitment was her main focus at the moment. One person was currently going through the recruitment checks to start working in the home.

The action plan following the inspection in March 2016 stated they would 'recruit a consistent staff team and senior team to ensure that actions can be met and monitored'. During our inspection we saw three agency staff on duty. One had never been to the service before. The registered manager told us they had been getting sent different agency staff despite asking for ones that had been to the service previously. While there were sufficient numbers of staff on duty during the inspection and there was no evidence that peoples basic care needs were not being met, people were not receiving care from regular staff that enabled consistency to be maintained.

At the last inspection medicines had not been managed safely. A requirement notice was issued to the provider and an action plan was submitted to us stating The Head of Quality has completed a full review and audit of medication management for the service. All staff who administer medication are recompleting their medication competency assessments and medication training'. At this inspection we found that some improvements had been made for the service to no longer be in breach of the regulation; however there remained further actions that needed to be addressed.

During this inspection we found that arrangements for handling medicines had been improved. We saw staff give three people their lunch time medicines in a safe and respectful way. However we saw that one person was prescribed a medicine with advice that it should be given 30 minutes to one hour before food, but staff told us they usually gave it just after breakfast. We recommended that staff check with their pharmacist that this was safe to do.

During the inspection, we looked at people's medicines administration records (MARs). Each person's MAR was in a folder with a photograph of the person and information about any allergies they had. Each person's folder also had information about how they liked to be given their medicines. This helped staff to give people their medicines in the way that best suited them. Staff did monthly audits of the medicines and medicines administration records, to check that people's medicines were managed safely. We saw the most recent check from October 2016 had not identified any areas of concern.

Staff told us they could use an electronic system to order repeat prescriptions. This allowed them to check what they had ordered. Staff recorded when they gave people their medicines and a reason if they were not given. Records confirmed that people were given their medicines as prescribed, and systems were in place to check the amounts of medicines in stock. We checked a sample of medicines, which confirmed the records were correct.

Staff gave one person their medicines in a liquid food supplement. Information with the person's MAR stated medicines were given covertly. Staff said they told the person the medicines were in the drink but a mental capacity assessment and best interest form were in place as the person could not give informed consent about their medicines. Staff told us they had checked with the pharmacist that it was safe to add the medicines to the liquid food supplement. However, we could not confirm this because staff had not recorded the pharmacist's response.

Some people were prescribed medicines to be given 'when required' such as those to treat pain or anxiety. Additional information was available to staff to help them give these medicines in a safe and effective way. We saw two examples where the information was not sufficiently detailed. For example, one person was prescribed a medicine for pain relief in March 2016 but there was no indication of what type of pain it had been prescribed to treat. Staff amended these during the inspection

Medicines were stored safely and securely. Staff checked the room temperature daily and records showed this was suitable for storing medicines. A medicines refrigerator was available if needed. Staff were aware of the action to take if any medicines errors occurred, to ensure people were protected. We saw reports of medicines errors staff had identified. These included the action taken to address the mistake and reduce the chances of it recurring. Staff responsible for giving people their medicines had received training and a competency assessment, to check they followed safe practice.

Safe recruitment practices had been followed before new staff were employed to work with people, however staff files did not always contain evidence that these checks had been done. For example one file did not contain any references. The registered manager was able to track these down from their human resources department and print them off to show us but they had not been kept on the staff member's file. As the reference were held at head office it was unclear if the registered manager had viewed these to ensure that the staff member was suitable to be employed at the service.

The registered manager told us that applicants to the service undertake a questionnaire based on the values a support worker should have before they are selected for an interview. The registered manager explained that they have set up an interview activity before so they can observe how a potential employee acts in

situations and commented, "Our recruitment process is through to make sure people are safe to work with vulnerable people".

We saw some risk assessments had been put in place for people however no risk assessments had been completed for activities that happened away from the home to ensure these were safe for people to participate in. For example we saw a risk assessment around people going swimming had not been undertaken. We reviewed the provider's policy which stated 'Each unit will manage the safe delivery of visits and offsite activities by a number of strategies: these are 'an assessment of the general level of risk involved in the activity of visit. Individual risk assessments of the young persons in Priory care prior to their undertaking any activity'. The home had not managed the risks to people in line with the provider's policy. The registered manager confirmed these were not in place and showed that it had been identified and put on her action plan to be addressed. However people had still been attending these activities without it being in place.

We asked the registered manager about the training of the two staff that had accompanied people on this swimming activity and saw that at least one staff did not have basic life support training. This had been booked for 15 December 2016. The registered manager did not know if the other agency member of staff was up to date on this training before sending them to support a person with this activity. The registered manager contacted the agency to find out this information and it was confirmed that this staff member had been trained in basic life support and first aid. The registered manager told us that some of the provider's other services use the pool at the same time so there were staff available and there are trained lifeguards at all times who had the skills to complete basic life support in the event of an emergency. The provider's policy however stated the 'Responsibility for immediate safety lies with the member of staff in charge of running this particular activity'.

The registered manager was in the process of managing risks around one person's smoking and told us "This person has the capacity to decide to smoke; we have gone through the risks with the person who has the right to make that decision. We look at it in different ways for different people, depending on how people retain the information to make a choice and how to advise of risks".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe commenting, "I have no qualms about reporting anything, I would go higher to the regional manager or head office" and "I would discuss anything with my manager first, then escalate it, take it further".

People we spoke with at Westbury Lodge told us they felt safe living there saying "Yes, I feel very safe" and "I can keep my door shut but room open – if I feel vulnerable I have a key". One person raised a concern about not having a lockable cupboard within their room where they could keep things private and told us that sometimes another resident would enter their room and 'pinch' their belongings making them feel vulnerable. We saw there were no safes or lockable spaces in people's bedrooms but people who were able could have a key to lock their room if they chose.

The home supported some people with their finances and we saw these people had financial support assessments in place. Two staff would sign money out for people when they requested it and any purchases and receipts were recorded. The registered manager would then check this on a weekly basis. We saw that one person's care plan stated "I will need staff to review my bank statements monthly". We raised the potential risk of staff having knowledge of what people had in their private bank accounts with the registered manager who told us this would be amended in the care plan and these documents would not continue be checked by staff.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. Each person had a monthly incident log which would be totalled for the month and preventative measures taken if needed. If a person experienced a fall an observation record would be completed for 72 hours so the person could be safely monitored.

All the communal areas of the home were being kept clean. The night staff completed cleaning tasks and signed a check sheet when this had been completed. We raised concerns with the registered manager regarding one person who chose not to maintain their personal hygiene standards. We saw this person's room was not kept clean and their mattress was stained and floor dirty. This person had capacity to make this decision and refused to have support in maintaining their personal hygiene. We observed this person smoking throughout our inspection and accessing the kitchen and fridge after a cigarette without washing their hands in-between. The registered manager said they have worked hard to try and engage this person with washing their hands but the person fails to engage. We raised concerns around managing infection control for other people living in the home who may be affected by this person's choices. The registered manager said they are going to start having formalised meetings with the person and have asked for a review from a social worker.

Requires Improvement

Is the service effective?

Our findings

At our comprehensive inspection of Westbury Lodge in March 2016 we found a breach of Regulation 9 Person-centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 . People had not always been provided with choice during mealtime. One person on a soft diet had been prevented from having a pudding and not offered an alternative. The provider wrote to us with the action they were going to take to which stated 'The menu contains a pudding for each person including any specific soft diet. A system of reviewing daily notes will be completed by the seniors, deputy manager and registered manager to ensure that the food intake and choices are being maintained'.

At this inspection we found the service had not made improvements and remained in breach of this regulation. CQC is now considering the appropriate regulatory response to resolve the problems we found.

We observed the lunchtime experience for people over four separate meal times and saw it was not a dignified or enjoyable event for people. During one meal we observed people's food had already been put on the table and left for up to five minutes whilst staff went to assist people to come to the dining room. The food had not been covered to protect it and was not kept warm for people. People were not being given choices of drinks with every meal. Two jugs of different flavour squash were brought out with the food and put on different tables. When people were given a drink they were not asked their preference, instead staff poured a drink from the nearest jug. This happened at three of the mealtimes observed.

The action plan received after the last inspection stated that the menu would contain choices of puddings for people. We saw that a pictorial menu had been put in place and was displayed on the fridge in the kitchen however this was not accessed by everyone living in the home. There were no picture choices of the puddings available on the menu alongside the main meals. The menu stated at the bottom that cereal bars, fruit and yoghurt were available. After each meal people were consistently not asked if they would like more to eat or they would like a pudding. One person who was able to access the kitchen went and fetched their own pudding on one of the mealtimes. We asked staff why other people were not being offered a pudding and received these comments "They don't get it, I don't think the people have any pudding" and "There is fruit available for pudding, not sure if yoghurts are available". After we had asked we heard one staff member then ask two people if they wanted a piece of fruit. The fruit was not on the table or shown and offered to people. It was kept in the kitchen and it would rely on people actively seeking it out. We raised these concerns with the registered manager who informed us that people did not have to be given a pudding.

The way in which mealtimes were presented to people did not make it a dignified experience. For example one person had to be supported by staff during their meals. Their care plan stated "Cannot eat without staff support". We saw staff standing over this person "to check" they were eating or standing behind them during the meal talking to other staff. Only one member of staff was observed sitting beside the person and engaging them during their meal. One person had requested a different meal and staff accommodated this person by providing two choices. However another person was not given that choice and staff decided on what they would have commenting "[X] would prefer the flavours".

Staff did not wear any personal protective clothing or attempt to tie their hair up when preparing and handling people's food. When people's meals were served they were put in front of them without staff explaining what the meal consisted of. There were no napkins or condiments available on the table for people to choose from and no one was asked if they would like any of these. The table tops were not wiped down after each meal and we saw that surfaces were still sticky two hours after the lunch time meal.

One relative told us they had concerns, which they had already raised, about staff chopping up their relatives food as they were worried about the person choking. We observed this person during mealtimes and saw that staff did not cut up this persons food. After our inspection the registered manager informed us they had now taken action and made a referral to the Speech and language therapy team (SALT) (SALT provide treatment, support and care for adults who have difficulties with eating, drinking and swallowing or with communication). Another relative told us "They have put [X] on a diet .They are pleased with her and she has lost weight". We saw that the menus had been discussed with people in 'Your voice' meetings and work had gone into the care plans to record people's food preferences. One person' care plan stated they could make their own hot drinks and we saw this person accessing the kitchen and doing this throughout our inspection.

This was a breach of Regulation 9 (3) (b) Person-centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our comprehensive inspection of Westbury Lodge in March 2016 we found a breach of Regulation 11 Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. One person had been under constant supervision and unable to leave the home without constant supervision. The service had not applied for a Deprivation of Liberty Safeguards (DoLS) to protect this person. DoLS are part of the Mental Capacity Act 2005 (MCA). The DoL provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

As a result of the concerns, we issued a requirement notice to the provider. The provider wrote to us with the action they were going to take to which stated 'The Regional Manager has fully reviewed all previous DoLS applications and has submitted new applications to the relevant local authority for consideration. Capacity assessments are being completed for all individuals and best interest meetings will be arranged where required to further discuss capacity Staff have been scheduled to re complete MCA and DoLS awareness training'.

At this inspection we found the service had not made enough improvements and remains in breach of this regulation. CQC is now considering the appropriate regulatory response to resolve the problems we found.

The service had requested a DoLS for all six people living in the home. Three of these had been authorised and were in place and three applications had been received and were being processed. A DoLS file and tracker was in place to monitor the progress of these. We looked at the Mental Capacity assessments in people's care plans and saw that these had not been completed correctly. For example each assessment had five or more decisions that the person was unable to make by themselves recorded on the same assessment. We saw the decisions included being able to leave the home without constant supervisions, able to manage their own medicines independently and the ability to consent to living in the care home. The assessments showed that these decisions had not been fully considered on an individual basis and there was not always evidence of how the decision had been made, or in what ways the information had been presented to the person in order to establish they could not make this decision. Having one assessment for

lots of decisions also meant the on-going review of each person's capacity in making these decisions would be hard to evidence.

Best Interest meetings had been held and decisions made for people and recorded. We reviewed these meetings and saw they had not been appropriately undertaken. The Best Interest meetings had been done for everyone in a blanket approach without the home showing any understanding of how to conduct these for people. For example the only people who were part of this decision making process was the registered manager and the deputy manager who did not have the legal authorisation to be making decisions alone for people. No health and social care professionals, court appointees or family members had been involved in this process. One person had an advocate in place and their care plan stated "Should any decisions need to be made that [X] is unable to make then the advocate will be part of the Best Interest decision. This had not happened and the service had not respected this person's wishes. The advocate confirmed they had not visited the service in a long time.

The registered manager and the deputy manager who had completed and made these decisions had not completed training in Mental Capacity or DoLS and told us they were booked in for December 2016. The registered manager told us "We know that the Best Interests were not completed properly and that external people should have been involved, but we wanted to get something in place". The registered manager further told us that they planned to redo all of these and involve the appropriate professionals and people's family. A health and social care professional working with the service had also picked this up and was going to support the home in completing these correctly stating "I have raised queries and concerns around the quality of the Mental Capacity Assessments and Best Interest decisions in the care plan. [X] (Registered manager) was very keen to get feedback and to find out how they could improve this".

We saw some documented recording in care plans had been written in the first person suggesting the person was in agreement with the information recorded. However there was no signatures from the person to show they had consented to the information, or if they were unable to sign or show their consent that family or someone with the appropriate authorisation had consented on their behalf. Some care plans had been completed by the previous manager and had not yet been updated from the care plans review. The registered manager agreed that people could sign or their involvement with care plans could be recorded.

This was a breach of Regulation 11 (1) Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

At the last inspection there was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the last inspection staff had not been given the opportunity to maintain their skills and knowledge. They had not been receiving regular or appropriate supervisions and staff files had showed incomplete induction records in monitoring staff competency. A requirement notice was issued to the provider and an action plan was submitted to us stating 'We have conducted a full review of all staff employed at Westbury lodge and have completed a review of support they have received and areas to improve. Staff have been reallocated all training modules on with clear deadlines for completion. Staff in probation have received full probation reviews and all staff have been set team goals to achieve'.

We saw that some improvement had been made in order for the service to be meeting the requirements of this breach. However there were still areas of improvement around supervisions that the service needed to address. For example one staff member had still not received a supervision within a year and it stated on the appraisal form 'unable to establish goals set for 2015 as never received an appraisal'. Another staff member told us "Supervisions are hit and miss, I haven't had one for a while". The registered manager's current action plan stated 'All staff to receive a supervision by end of December 2016' and that going forward these

would be scheduled for every two months.

New staff were now completing the care certificate induction and we saw an induction checklist was in place to monitor the staff through this and a probation review when the new staff member had completed their induction. The registered manager told us "Staff have a buddy and pair up with someone. They complete a company induction and are signed off. They shadow an experienced staff member for two weeks or more depending on the individual". One agency member of staff told us they had received an introduction on arrival to the home.

Staff completed online and face to face training to provide them with the skills necessary to fulfil their roles. Staff comments included "We do lots of training, fire training, online and some face to face training, my safeguarding is due" and "I have had quite a bit of training, first aid, mental capacity and numerous online training". People we spoke with all agreed that they had confidence in the staff caring for them and one commented "Staff are very qualified". Opportunities were available for staff to progress by doing higher level qualification such as their health and social care diploma and taking on a more senior position within the home.

Staff supported people who could become anxious and exhibit behaviours which may challenge others. A mental health care plan was in place which offered clear information on what behaviours may be displayed by an individual, what the possible triggers could be and how the person could be supported. The care plan directed staff to the appropriate professionals contact details if the person's mental health continued to deteriorate.

During our inspection we saw one person displaying anxious behaviours and observed staff supporting this person in a caring and reassuring manner. One staff member was seen giving advice to another member of staff on how to manage this situation effectively. Staff told us "We have seen behaviour like this many times and we can always ask the managers for support" and "Sometimes a couple of people can be challenging, we have had training for this". The registered manager told us "The staff keyworker looks at people's behaviour and monitors and checks this regularly at keyworker meetings".

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy. Hospital passports were in place which contained important information about each person in case they needed to go into hospital so their needs could continue to be met effectively. The registered manager told us that everyone in the home had recently had a health check and any concerns were raised with the appropriate health professionals when required.

We saw staff being proactive in assisting one person who said that they did not feel very well and were visibly shaking. One staff member asked this person if they wanted to go and lie down and if it would be ok to commence regular checks on them during the night to ensure they were ok. The person was assisted with making a hot drink and the staff communicated this event to the rest of the team so the person could be monitored. One health professional told us that people's support plans demonstrated that staff were active in looking out for signs that people's health was deteriorating commenting "[X] can sometimes not show that they are unwell, or will not tell staff that they feel unwell. Staff need to spot the signs and observe and request the correct health support they need"

The home had undertaken an extensive refurbishment including putting in a whole new kitchen, redesigning the dining area, a new medicines room, all new internal doors and adding an en-suite to three rooms. People and their relatives spoke positively of the visual changes commenting "I like the changes to the

house, I chose blue for my room" and "It is lovely, we are so pleased that it had been done". The registered manager told us "The refurbishment has had a major difference on people, it's fresh and feels better". We raised with the registered manager about having some signage put on the doors for the bathroom and toilets as every door was identical and could cause confusion for some people trying to differentiate between their bedroom, other people's bedrooms, the manager's office, medicine room and bathrooms.

Requires Improvement

Is the service caring?

Our findings

At our comprehensive inspection of Westbury Lodge in March 2016 we found a breach of Regulation 10 Dignity and respect of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. One person had been subjected to undignified treatment by not having suitable seating arrangements provided from which to eat their meals and participate in activities. As a result of the concerns, we issued a requirement notice to the provider. The provider wrote to us with the action they were going to take to which stated 'Removed and replaced the chair with an appropriate seating option for the individual that meets the need of the individual and ensures the individual's privacy is maintained at all times, along with new dining furniture for all of the individuals who reside at Westbury lodge. This will be monitored via regional manager checks to the property and environment'. At this inspection we found this breach of regulation had been addressed and was now being met.

We observed several times during our inspection where staff were not engaging people in meaningful ways or initiating any conversation. For example during one of the mealtimes we saw some people had chosen to come to the dining room 35 minutes early and sat waiting for their meal. One staff member remained in the dining room with people throughout this time but made no effort to interact with the four people present. We saw people were agitated from waiting, one person continually called out and another person repeatedly left the room and then returned again. No attempts to distract or engage people was made. We raised our concerns with the registered manager during feedback and explained how uncomfortable it had been to observe this experience for people. We saw one positive mealtime interaction between one person and a staff member, where the staff actively engaged the person in a conversation whilst waiting for their meal and the person appeared animated in telling this staff about their background and sharing a joke.

The registered manager informed us that they could not stop people coming to the dining room ahead of mealtimes but agreed staff could be providing people with more interaction during these times. We saw it had been discussed and recorded in staff supervisions that staff were to be more involved with residents. One staff member told us "People in the home have calmed down a lot, we are trying to connect with people more". We saw on the registered manager's action plan improving the experience of mealtimes for people had been identified as an area of improvement the home needed to make.

During our inspection we observed some staff demonstrating concern for people's wellbeing, and responding to their needs in a timely manner. For example one person was going out to attend an activity and a staff member noticed that some of their clothing was stained. The staff member discretely encouraged the person to be supported to change their clothing before they left. Another staff member was observed making sure a person had their walking frame in easy reach when they were seated, so they could mobilise safely when they chose to leave. One member of staff commented "Some residents have visual concerns, so we make sure things aren't left out or put in front of them, we make sure the place is a free space for all people". One health professional who had previously visited the service told us "All interactions I observed were positive. The language use in the care plans reviewed is also dignified and sensitive to the needs of the individual".

People told us they were happy with the care they received commenting "The new staff are alright", "Staff are always polite they always knock", "They are approachable and friendly". We saw that when some of the staff were supporting people the interactions were respectful and unrushed and staff spoke to residents with respect and humour. One staff member told us "We guide people, give verbal prompts, it's hard to protect them from their own minds, one person feels they are not important and I remind them they are". One health professional said they felt it was a "Happy environment".

We spoke by telephone with people's relatives about the care their loved one's received and were given mixed responses including "I am very unsure of the care. I am frightened what I might find", "He gets all the care he needs", "Quite happy on the whole" and "Never had any cause for concern. It's her home". When commenting about the staff relatives told us "They are friendly", "The care staff vary. One lady is devoted to her", "They can read her" and "They understand [X] perfectly".

The service operated a key worker system for people in which a named member of staff was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. The registered manager explained the importance of having keyworker time saying "Keyworker time gives people time to discuss things, all different topics are discussed".

Staff told us that people were encouraged to be as independent as possible. We observed some people accessing the kitchen to make their own hot drinks during the day. A supporting manager commented "I have a noticed a difference in people, one person made a cup of tea who previously wouldn't have done that". Staff had also been supporting one person to gain more confidence when making trips into the local town.

The registered manager was in the process of supporting people to document any wishes they may have regarding end of life care commenting "We are discussing with families and putting these in place. We have been able to discuss this with some people and have these conversations and they have told staff what they would like". We saw this had remained on the homes action plan to address from March 2016.

Requires Improvement

Is the service responsive?

Our findings

At our comprehensive inspection of Westbury Lodge in March 2016 we found a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care plans had not been updated regularly which meant inconsistent information was often recorded about a person. People had not received regular reviews of their needs and monitoring charts were not completed appropriately. As a result of the concerns, we issued a requirement notice to the provider. The provider wrote to us with the action they were going to take to which stated there would be 'A full review of person centred support ensuring all plan are reflective of needs and support required. Staff to receive training in how to detail and complete records and this will be checked by the seniors, deputy and registered manager on a daily basis to ensure that this area improves'.

At this inspection we found the service had not made enough improvements and remained in breach of this regulation. CQC is now considering the appropriate regulatory response to resolve the problems we found.

At the evening meal this person had been given shepherds pie to eat and we reviewed the daily recording the next day which stated that the person had eaten spaghetti bolognaise. We asked two staff who had been on duty what this person had eaten the day before and they both told different choices. This meant the person's meal had been incorrectly recorded and staff were unable to effectively monitor what this person was eating.

Fluid monitoring charts had been put in place for people where required. We saw that these charts did not show the recommended daily amount the person needed to drink. This meant that staff had no indicator to measure against to know if the person was receiving enough to drink or not. The fluid charts were also not being totalled at the end of each day to assess the total amount the person had drunk during the course of the day. Service audits had not addressed this concern. We saw that the fluid chart was to be completed over a 24 hour period to gage what the person drank within that time frame. The fluid charts we reviewed recorded up to four days on the chart instead of one. The fluid recording chart was not been used as an effective tool or completed correctly and meant that people's fluid intake could not be monitored appropriately.

A chart had been put in place to record one person's behaviour did not provide any information on the action staff had taken or showed if this incident had been effectively resolved. Some staff had written this information into the 'description of the behaviour' column, but the form was not set up to provide space to record it. This meant the behaviour chart did not encourage staff to record the action taken to monitor this person's behaviour, to ensure a consistent approach was provided in helping the person manage this.

We reviewed the recording for the fridge temperatures throughout the month of November 2016. The maximum fridge temperature that the food could be safely stored at was recorded as five degrees Celsius . We saw that for seven days during this month the temperature had been recorded as being above five degrees Celsius and nothing had been documented to show if this had been raised or any action taken.

Two people in the home received a check during the night to ensure they were ok or to be supported to the toilet. We asked staff how often these two people received checks and were told one person was checked once around 02.00am and another person was checked once or twice depending on if they had a sleeping tablet. We looked at the night check recording chart for this and saw these had not been consistently completed. For example during the period 25 November 2016 to 28 November 2016 no night checks had been recorded for either person. We saw that in the daily records it was sometimes mentioned that people had been awake at night or received support, which showed that staff were checking people but had not recorded this on the appropriate monitoring chart.

We raised all these concerns with the registered manager who informed us "We are monitoring daily records as we know these are not being completed properly at the moment". These concerns had been previously raised at the March 2016 inspection and stated on the homes action plan to be completed by 31 March 2016. This had not been done.

This was a breach of Regulation 17 (2) (c) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had worked hard on making improvements to people's care plans and were in the process of moving over to a new format. Personal profiles had been updated for people which showed a picture of the person and gave a snapshot of their care needs and what was important to the person. The care plans we reviewed were more person centred and provided clear detail on what the individual was able to do independently and what they needed support with. Care plans showed the person's family and friends that were important to them and recorded the contact and involvement the people had with them and how it could be maintained.

One person had been really involved in making and agreeing decisions around their care needs and the registered manager had worked hard to engage this person. The registered manager explained that this person's care plan was taking longer to develop as the person could only manage short sections at a time. The care plan was being developed in a format that was suitable for the individual. One health and social care professional told us "I felt that the level of involvement [X] has with their care plan was extremely positive, [X] appears to be being empowered. The plan for [X] is laid out differently to another resident as [X] has such a high level of involvement and this other resident communicates with the use of pictures".

We saw that care plans were being reviewed and evaluated on a regular basis and people who were able were also being involved in this process. Keyworker staff would sit down with each person monthly and discuss their needs and ensure that they were happy living in the home and with the support they received which gave people an opportunity to be involved in their care. One health and social care professional told us "I felt that the information in the care plan for [X] showed an in depth knowledge of the person, with fine details that help to build an understanding of [X] as an individual. Overall, I felt really impressed with the quality of the care plans, especially given that they are a work in progress and having seen examples of the original care plans the team had been working with ahead of the updates".

Staff knew people's specific communication skills and individual approaches were used to make sure people were able to say how they felt. Each person had a communication care plan and where needed a sensory profile was in place recording how the person communicated and experienced their environment. A communication dictionary was available to inform staff how an individual indicated their feelings and preferences, so staff could be aware of these signs. The registered manager told us "We don't get specific training in communication, or Makaton, people have communication diaries which are personal to them, and we go over this in staff meetings so staff can learn some of this". A health and social care professional

commented "There is a communication profile, and a volume of information that contributes to building the overall picture of how [X] communicates at different times and how different situations may influence their communication. I felt the plan was detailed and accounted for different situations, emotional states and times of the day".

We saw that steps had been taken to improve the opportunities available for people and people were now being engaged more in activities in and out of the home. During our inspection two people were supported to go swimming and other people in the home enjoyed a pamper session from a health and beauty professional. We heard people also being asked if they would like to attend an evening club that had a weekly disco and social meet up. One person communicated their enjoyment at this planned event by showing off their dance moves throughout the afternoon.

Other activities that people had participated in included visits to a local farm, individual trips into town for shopping and afternoon tea, and trips to a garden centre to look at the Christmas decorations. One person told us "I'm free to come and go. I go and buy my "baccy" and cigarettes and go to the café for tea and cake". The registered manager told us they had found a knitting club for one person who enjoyed this particular activity and they had gone and really liked it. One staff member said "The people we support have a variety of things they can do, swimming, a club once a week, and earlier in the year we went out in the garden and grew vegetables. Other staff comments included "[X] is doing more activities and interacting more with staff" and "The manager is fresh, people are doing more now and going out more". One person was regularly supported to make an important trip of personal significance to the cemetery so they could pay respects to lost loved ones.

People all had activity plans in place which were in an accessible pictorial format. We saw that progress had been made on implementing people's interests into their activity plans but there was still work to be done around this to ensure people had the opportunity to participate in activities that were meaningful to them. For example one person's activity plan included events such as washing, room cleaning and watching television, despite this person having expressed a keen interest in other hobbies and their care plan showing detailed information around their favoured past-times. The registered manager told us she was currently looking at sourcing more activities for people and was in the process of reviewing care hours alongside people's activities and putting more staff on at these times".

We spoke with relatives about the involvement they had with the service and received mixed response with comments including "The new manager took a while to be in touch but I understand the challenges she has come into", "The Manager will ring with an update every two months or so", "We're not kept in the loop entirely. We would like regular updates as to general health, activities and just day to day stuff really" and "The slightest thing they phone. Never had cause for concern".

People's concerns and complaints were encouraged, investigated and responded to in good time. A complaints folder was in place which contained the provider's policy on managing complaints for staff to follow. An investigation log recorded any complaints received and what action had been taken in response to these. We saw two complaints had been made during 2016 and both were addressed appropriately following the homes process. One person told us they knew how to make a complaint, and had in the past made one, which had been resolved quickly. The registered manager gave an example of one concern raised around the kitchen not being accessible at night due to it being cleaned. The registered manager told us she had sat down with the person and together they had agreed a solution to address this which the person was happy with.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in March 2016 the service was in breach of Regulation 18 Notification of other incidents of the of the Care Quality Commission (Registration) Regulations 2009. Not all notifications relating to falls where injuries were sustained had been notified to CQC. As a result of the concerns, we issued a requirement notice to the provider. The provider wrote to us with the action they were going to take to which stated 'We have undertaken a full review of the system of notifications and set up a clear incident file and also safeguarding and CQC notification file. Staff have been made fully aware of the procedure to be followed in the event of a fall at the service and what documentation needs to be completed'. At this inspection we found this breach of regulation had been addressed and was now being met.

The service had also been in breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There had not been effective quality monitoring systems in place to monitor the service and some audits had been falsified. A requirement notice was issued to the provider. An action plan was submitted to us by the provider stating 'The acting regional manager will review the service progress with quality monitoring and the head of quality has been completing two weekly reviews of the service. An audit file and planner has been implemented detailing when audits need to be completed and submitted for checking'.

At this inspection we found the service to still be in breach of this regulation. Whilst we acknowledge that the home had taken steps to improve in some areas, things that were identified on this inspection had not all been picked up or actioned by the service's quality monitoring systems. It remains a concern that despite a lot of internal input from supporting managers and external professionals the service is taking a long time to make the necessary improvements that were identified in March 2016.

People living in the home were not always receiving effective communication about the service or being involved in the running of the home. For example although regular 'Your voice' meetings were being held the opportunity for people to contribute was not always managed appropriately. We reviewed the minutes for one meeting that had recently taken place and saw it had been 'Suspended due to individuals not responding'. It did not record that attempts to engage people in more appropriate ways had been sought.

There was not a current guide to the service available for people at the time of this inspection. The guide people had contained incorrect information relating to who was managing the home, despite the previous manager having left nine months ago. The registered manager informed us these were in the process of being redone and showed us a template for the one they would be introducing. The supporting manager told the registered manager she could work on getting those in place during that day. The registered manager further said she was in the process of putting together a booklet of information for people which would contain the service user guide, how to make a complaint and easy read policies so they would all have their own copy available to read.

There was no information currently displayed for people living in the home about planned events or pictures or photos of people. The registered manager told us that a noticeboard had been ordered and was waiting

to be put up commenting "This is something we know we need to improve on, we have been doing the refurbishment first".

We saw that feedback had been obtained from people previously in the form of a satisfaction survey. The registered manager told us they were not currently pictorial but this was under review and was due to go out to people in December 2016. None of the relatives we spoke with had been asked for their opinions on the service or had been given a service satisfaction questionnaire. The registered manager told us she was going to involve people's families more commenting "I am going to send one family the person's keyworker record every month for them to see. We plan to support people to see their families more, we take one person on the train to visit their family".

We spoke with the head of quality during our inspection who explained they had been working closely with the home. Themed visits had taken place at the home around the warning notice that CQC had issued. Regular audits were being completed by management including for medicines, infection control, care plans and safeguarding. These audits were reviewed by the head of quality and verified during home visits. The registered manager spoke about reflecting on issues when they arose and learning by these saying "We read through them, it is on the action plan to sit down and debrief more as a team, and in meetings not making everyone feel as if they have done something wrong in reporting but to encourage it".

This is a breach of Regulation 17 (2) (a) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A new manager had been in post at the service since June 2016 and had received confirmation of her registration with CQC three days prior to our inspection. The registered manager was supported at this inspection by a registered manager from one of the provider's other services and the head of quality management. The registered manager spoke openly to us about taking on the historical challenges the service had faced commenting "I knew the CQC report wasn't good when I started, I do like challenges, I want to make people's lives better".

Staff told us they had confidence in the new registered manager leading the service commenting "The manager will sort things straight away, if I feel I need to say anything I can go to them", "The manager is good, she's trying her hardest", "It's a lot better, having a new team is more effective, if I have a question I can come straight to the managers, not like before" and "I get on well with the new manager she's nice".

The home was still being supported regularly by the regional manager who told us at our visit in October 2016 that "It feels a much calmer happier place now". One person being supported by the service said "The staff are all good, I have met the new manager she's nice". A regular visitor to the home told us "I have noticed they have made improvements over the last six months. The new manager seems nice". One health and social care professional commented "During my visits to Westbury Lodge I have found the managers, registered manger, deputy and regional to be approachable to both myself and when contacted by staff and residents during my visits. Through meeting with the manager and providing feedback I have found her keen to develop". The registered manager held an open office one afternoon a week for staff so she could take time to discuss any concerns they had.

The culture of the home had previously not been a positive one and steps had been taken to address this, however it was hard to maintain this with the continuing staff changes to the team. Staff had all received culture training to raise their awareness and we saw that staff meetings were now taking place on a regular basis. In the minutes of one previous team meeting we saw that staff had been thanked for their work and encouraged to be positive and work in person centred ways. Staff we spoke with more supported

commenting "Loads has changed, it was awful before, I have seen a big improvement", "We have team meetings, and get the minutes from these and I feel I am listened to", "The changes makes it easier to come to work now" and "We get lots of support". The registered manager told us "Staff morale is improving in itself, we all talk, we have meetings, it's about letting people be heard and acting on things. Telling staff they can say no to things so they don't burn themselves out".

Work had been done to ensure staff were clear on their responsibilities and what was expected of them within their roles. The registered manager said "Morale is better, everyone is working together more". We saw that whilst staff were better at communicating between themselves they still needed support and management in ensuring these roles were being conducted appropriately. For example staff did not always engage people in meaningful ways, choices around mealtimes were not always offered and inconsistencies in recording demonstrated more guidance was needed at staff level.

Since joining the service the registered manager had been working to address some of the challenges facing the home commenting "At the beginning it was making sure people were safe and reviewing their placements. Ensuring staff were trained and received support, getting to know people and making support plans person centred and more relevant to individual. Getting to know the individuals has been a major focus". The registered manager was in the process of implementing one page profiles for the staff to share with each other. We saw that the registered manager had displayed her own in the office which included information around 'What is important to me, how best to support me and what people like and admire about me'. It was hoped that by learning more about each other the staff unit would continue to grow and work more closely together. The registered manager was also focused on raising the profile of the home and getting out into the community more.

The registered manager told us they had been well supported by senior management commenting "I have the head of quality, I have the regional manager, I do feel supported, there has been ups and downs. I have had extra support put in". The registered manager was in the process of completing her level five diploma in management and had the opportunity to attend monthly manager meetings within the company. One health professional praised the newly registered manager for her approach to managing the service saying "[X] was keen to find out if there were any areas she could work on there and then. Also she will contact me if she has questions regarding information I have sent her and is very prompt in replies to ensure she has fully understand what I have said".

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Mealtimes were not a positive experience for people. People were not always provided with choice during mealtime. One person on a soft diet was prevented from having a pudding and not offered an alternative. Regulation 9 (3) (b).

The enforcement action we took:

Impose a positive condition on provider registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Mental capacity assessments and best interests decisions had not been undertaken appropriately for people. Consent had not been sought from people or demonstrated in the care plans. Regulation 11 (1).

The enforcement action we took:

Impose a positive condition against the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at risk of dehydration and poor nutritional intake. The service was not managing and supporting people appropriately with their dietary requirements. Regulation 12 (1).

The enforcement action we took:

Impose a positive condition on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Things that were identified on this inspection had

not all been picked up or actioned by the service's quality monitoring systems. It remains a concern that despite a lot of internal input from supporting managers and external professionals the service is taking a long time to make the necessary improvements that were identified in March 2016. Regulation 17 (2) (a).

People's care monitoring records were not been managed appropriately or completed correctly. This included fluid intake charts, behaviour records and night checks. Regulation 17 (2) (c).

The enforcement action we took:

Impose a positive condition on the providers registration.