

European Care (Danbury) Limited

St. Joseph's Nursing Home

Inspection Report

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Summary of findings

Overall summary

St Joseph's Nursing Home provides nursing and personal care for up to 50 people. The home also provides end of life and palliative care. At the time of our inspection there were 46 people living in the home.

We found equipment used by staff when providing care and support was well maintained and safe. The environment in communal areas and individual bedrooms was also well maintained and clean. However, some areas throughout the home required improvement. These included one of the sluice rooms with areas of damaged tiling that could increase the risks of spreading infection and a bathroom that was not useable because the bath was boarded up. There was insufficient space to manoeuvre equipment safely to support people with mobility needs.

Further improvements were also needed to the two areas of multiple occupancy, which were referred to as wards. These areas lacked individuality and did not reflect people's individual tastes. As the two wards contained beds separated by curtains there were also risks to people's privacy and dignity when receiving care and support in areas that were open to people walking through. You can see what action we told the provider to take at the back of the full version of the report.

There were processes in place to provide staff with the training needed to give them the knowledge to care for people effectively. However, we found that some staff needed training updates for some core training.

People who lived in the home and their relatives told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm.

We saw positive interactions between staff and people living in the home and saw that staff were kind and respectful to people when providing care and support.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are a code of practice to supplement the main MCA 2005 code of practice. We looked at whether the service was applying DoLS appropriately and found they were meeting the requirements of the code.

Relatives told us that there was effective communication and staff kept them up to date with information about their family members.

Staff were knowledgeable about people's needs and provided effective care. Care plans did not always contain enough information about people's preferences and did not reflect the detailed knowledge demonstrated by staff.

People living in the home and their relatives told us that staff were kind, caring and cheerful. There were sufficient staff to support people with their care needs as well as social activities.

The acting manager had not been in the role of manager for long and we identified a number of areas for improvement which needed to be addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe because they ensured that there were sufficient staff to meet people's needs. Staff understood the process of safeguarding and were aware of what they should do to keep people safe.

There were correct systems in place to manage risks and this ensured people's safety.

People's best interests were managed appropriately under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards.

Some improvements were required to the environment to ensure all areas were well maintained to keep people safe from risks associated with poor infection control. More care also needed to be taken with people's personal information to ensure records were stored securely at all times.

Are services effective?

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Summary of findings

The acting manager had not been in the role of manager for long and we identified a number of areas for improvement which needed to be addressed.

Are services caring?

The service was caring because staff had the right approach to people, were attentive to their needs and took time to support them in a calm and relaxed manner.

Relatives and visiting professionals were complimentary about the care and support given. Staff were described as kind, caring and cheerful.

People had their privacy and dignity respected.

Are services responsive to people's needs?

The service was responsive to people's needs as people had their needs met by staff who knew them well and understood how to communicate with them.

People had access to activities that they enjoyed and were supported to maintain links with the local community.

Staff responded promptly when people's care needs changed and relatives were kept informed of any changes.

People who used the service and their relatives were confident that the service would respond appropriately to any concerns they may have.

Are services well-led?

The management of the service had been recently put in place and had not yet been able to demonstrate characteristics of strong leadership.

Staff understood their roles and responsibilities and there was a positive culture among the established staff team.

Staffing levels were based upon the needs of the people living in the home.

There were systems in place to monitor the quality of the service and deal with concerns and complaints.

Summary of findings

What people who use the service and those that matter to them say

The Expert by Experience who was part of the inspection team spoke at length with a range of people during the inspection. This included one person living in the home who was able to express their views with the support of a relative, four relatives or visitors and two members of staff. Inspectors also spoke with people living in the home. People who used the service who were able to express their views and visiting relatives spoke well of the home and expressed satisfaction with the standard of care.

A visitor told us that their relative, "felt safe" living at St Joseph's. One person told us, "I like it here" and other people who were unable to communicate well verbally smiled to express their contentment. One person, when asked if they liked living at the home, gave a 'thumbs up' sign. People told us that staff were, "kind and caring."

One visitor said that they felt that the care and support from staff had "kept (their relative) going and prolonged (their relative's) life." The relative told us, "People are treated with respect and dignity."

One person had moved from another home and told us they liked it better at St Joseph's. They felt that staff listened and they "didn't feel lonely".

Visitors told us that they felt their relatives were well supported; they were kept well informed and if there was ever any cause for concern they were always told promptly. One person said if they expressed a concern it was responded to and quickly followed up.

St. Joseph's Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This service was inspected as part of the first test phase of the new inspection process we are introducing for adult social care services. Before our inspection we looked at all the information we had available. This included information from notifications received by the Care Quality Commission, safeguarding information and the findings from our last inspection. We used this information to plan what areas we were going to focus on during the inspection.

We carried out a visit to the service on 9 April 2014. The inspection team consisted of two inspectors and an expert by experience who has experience of using or caring for someone who uses this type of care service. The inspection visit was unannounced which meant the provider and staff did not know we were coming.

At our last inspection, carried out over two days on 14 and 18 November 2013, we identified problems with the safety and suitability of the premises and the arrangements for providing support and training for staff. We also found some shortfalls in records held relating to people's consent to care and treatment. Appropriate guidance was not followed for the correct completion of DNAR (Do not attempt resuscitation) records. Following the inspection the provider sent us an action plan describing the actions

they were going to take to make improvements in the areas where problems were identified. At this inspection we looked at these areas again to see what changes had been made.

On the day we visited we spoke with four people who lived in the home, four relatives or visitors, a health professional and someone from the Clinical Commissioning Group, the body that commissions services funded by the NHS. We also spoke with the acting manager, the regional manager and four members of staff who were on duty during our inspection.

We looked at communal areas of the home including the kitchen and laundry areas, bathrooms, lounges and the activity room. When we spoke with some of the people living in the home we were invited to see their bedrooms. We also saw two shared areas, Blakewood and Lingwood, which were referred to as 'wards'. These areas accommodated either four or five people in beds that were separated by curtains.

We spent time carrying out informal observations of care in lounge areas and dining rooms; we noted how people who lived at the service interacted with one another and with members of staff.

We examined records which included five people's care plans as well as records that related to the management of the home. These records included quality audits, an overview of all staff training records and four staff files which contained recruitment records.

Are services safe?

Our findings

A relative told us that their spouse "feels safe" at St Joseph's Nursing Home. During our inspection we saw that there were sufficient staff on duty, which meant that people had their needs attended to in a timely manner. Call bells were responded to swiftly and people told us that staff cared for them and did what they asked them to.

We looked at the care plans for five people living at St Joseph's Nursing Home and found that there was a process in place for assessing and managing risk. Each person had a range of risk assessments according to their individual needs. For example, one person had risk assessments that related to moving and handling, continence and the risk of developing pressure sores. There was also a risk assessment and management plan for providing nutrition for someone through a percutaneous endoscopic gastrostomy tube (usually referred to as a PEG feed). We saw that the assessments were carried out using formal risk assessment tools such as the Waterlow assessment for risk of developing pressure sores and a MUST (Malnutrition Universal Screening Tool) to identify nutritional risks. These formal tools made sure that all aspects of the risk were identified to develop an appropriate plan of care.

At the time of our last inspection on 14 and 18 November 2013 we identified shortcomings in records that related to end of life care and 'do not attempt resuscitation' (DNAR) forms. We saw from records that that DNAR decisions were recorded appropriately and the standard form with a solid red border was used, as recommended by the Resuscitation Council. These DNAR forms were placed at the front of care plans so that they were easy to recognise and locate.

We found appropriate amounts of equipment in the home for staff to use. There were wheelchairs available for people, all with functioning footplates and inflated tyres. Hoists were in working order and were plugged in to recharge, which ensured that they were ready for use. We noted that servicing of equipment was up to date. Those people who required pressure care equipment, for example pressure cushions or profiling beds, had this in place. We saw that equipment was well maintained and clean. This meant that people were safe because equipment was tested and serviced.

Visitors spoken with commented on the cleanliness of St Joseph's Nursing Home. We looked at measures in place to manage infection control. The home was free from odour and appeared visibly clean with evidence of ongoing cleaning during our inspection. We saw foot operated bins for clinical waste and appropriate laundry bins for soiled linen. There were sufficient supplies of personal protective equipment (PPE) including disposable aprons and gloves. Staff were seen to use PPE when carrying out tasks such as dealing with soiled linen. However, we noted that the sluice room in one part of the home, Hydewood, had an area of damaged tiling round the sink and there were some breaks in the tiles on the wall and floor. This could pose an infection control risk and measures should be taken to address these areas to ensure people are not put at risk by the spread of infection.

Corridors and doors were free from obstruction with clearly marked fire escapes and alarm points; fire extinguishers had been checked recently. The door to the lift machinery room was locked and substances that were hazardous to health, such as cleaning fluids, were locked away. We noted window restrictors on all windows to protect people's safety.

Medicines were stored safely in trolleys that were locked and securely fastened to the walls. In one part of the home, Bassetwood, we noted there was a medication trolley in the room used for activities. There were no activities taking place and no-one was using the room at the time. However we noted that there was a folder of medicines administration record (MAR) sheets sitting on top of the trolley. The MAR sheets contained information about people's prescribed medication. All personal information should be kept securely to maintain confidentiality and ensure it is not accessible to other people.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are a code of practice to supplement the main MCA code of practice. We looked at whether the service was applying DoLS appropriately. The regional manager explained that everyone had been reviewed to identify those people who needed to have a DoLS application made to the local authority. They told us that they were taking the lead from the local authority and prioritising people with end of life needs or dementia and to date had submitted six applications.

Are services safe?

We spoke with staff who had a good understanding of what constituted abuse or poor practice and they knew what procedures to follow if they became aware of any abusive practices. Staff training records were maintained

electronically and we saw that staff had received training in safeguarding vulnerable adults. This ensured that staff had the correct information so that they knew what they should do to keep people safe.

Are services effective?

(for example, treatment is effective)

Our findings

We looked at the two rooms of multiple occupancy or ward areas, Blakewood and Lingwood. Blakewood was clean and we found no odours. However, we noted that there was little personalisation in this area, for example all the beds had the same duvet covers and the area resembled a hospital bay. Lingwood was brighter and there were more personal possessions such as photographs.

At the last inspection it was identified that improvements were required to the multiple occupancy areas of the home. This was so that people could be assured their needs around privacy and choice were met and they were protected against the risks associated with the design and layout of the multiple occupancy areas. Following the inspection the provider sent us an action plan which set out the actions they were going to take.

Actions included redecoration of both areas, provision of items of furniture and mirrors to enhance the lighting, replacing flooring and purchasing individual duvet sets in the colour chosen by the individual. We discussed the action plan with the acting manager and the regional manager. The regional manager explained that they had not immediately implemented the redecoration until the estates director had carried out an assessment to identify whether there were structural improvements that could be made to these areas. They had considered whether a complete refurbishment was viable both financially and structurally, including the possibility of turning the multiple occupancy areas into individual rooms. The regional manager told us this assessment had been completed the week of our inspection and concluded that structural changes were not possible. This was confirmed to us in a conversation with the estates director.

Other actions from the provider's action plan did not involve structural changes. For example, we asked the acting manager why new duvet covers to reflect people's individual tastes and preferences were not in use. The acting manager responded, "I can't answer that." The regional manager told us they would take immediate action to order new bedding of people's choice.

Since the time of our inspection, the regional director confirmed that further improvements had been put in place. The four-bed ward area had been redecorated and people had new bedspreads. The open arches by the

lounge area had been filled in to make alcoves which were decorated with ornaments and lamps to improve the lighting. They stated that they were waiting for quotations for new wardrobes and bedside tables as well as carpet to replace the vinyl flooring. They anticipated that these improvements would be in place within three months.

The provider's action plan told us that they would formulate plans about how they would make the bathrooms more accessible. We noted that the bathroom in Blakewood area was not in use and the toilet area could not be accessed as it was blocked by laundry trolleys which were stored in the bathroom. This meant that people had to use toilet facilities in other areas of the home. This showed us that adaptations to the environment had not improved since the last inspection to meet people's assessed needs effectively. Since our inspection the regional director explained that they were in the process of considering options for improving this area. Options included converting the bathroom to a wet room and converting a bedroom into a bathroom.

At the last inspection on 14 and 18 November 2013 we found the provider was in breach of Regulation 15 and that people were not protected against the risks associated with unsafe or unsuitable premises by means of suitable design and layout and adequate maintenance. At our inspection on 9 April 2014 we found improvements had been made but further planned actions remained outstanding. This means that the provider remains in breach of Regulation 15. However, in view of the improvements already in place we have decided not to escalate our enforcement action at this time. We expect the provider to provide us with a detailed action plan which includes firm time scales for the completion of the required improvements to demonstrate when they will no longer be in breach of Regulation 15.

Visitors told us they felt their relatives were well supported and that communication was efficient and effective. They said they were kept informed about their relatives and if there was any cause for concern they were always told very quickly. Relatives felt that it was easy to talk to staff; one person told us, "I am able to talk to care staff, medical staff and the manager regarding my (relative)." One person told us they had access to their care plan which was "on the wall" in their bedroom.

Are services effective?

(for example, treatment is effective)

Those people who were able to speak with us said staff always talked to them about making decisions and their care. We also found that the service liaised with other professionals, such as district nursing services, to ensure care was effective and people's health needs were met.

At the last inspection of the service on 14 and 18 November 2013, we noted that staff were knowledgeable about people's needs but care plans contained very little personalised information on how each individual would like their care and support to be provided. On the day of our inspection we spoke with a member of the Clinical Commissioning Group who was visiting the home. They told us they had carried out previous visits and were confident that there had been some improvements, particularly around care planning.

The acting manager explained that they were in the process of updating the format of all the care plans to make them more focussed on the individual and to improve the amount of detail. We looked at five people's care records and saw care plans related to maintaining safety, personal care and dressing, communication, eating and drinking, elimination and social activities. The five care plans were chosen at random and we found all of them were in the old format. We noted they did not contain sufficient detail to ensure staff could provide care consistently. There was also some old information such as a 'consent for use of bedrails' form in one person's care plan that had not been updated since 2011.

An example of the information we found was one care plan for sleeping, which instructed staff to carry out "regular checks" and to "change position through the night and check pads throughout the night". There was no information, for example, about the frequency of the checks, how the person needed to be repositioned or the specific continence products to use. This meant that staff only had basic details of the task and did not have information about the person's preferences. Another care plan for someone who was confined to bed also stated 'requires regular repositioning'. We found there was some more information which instructed staff to 'change position using slide sheets' and 'position is changed four hourly through the night'. Although these care plans reflected people's current needs, they could have been improved with more detailed information about people's care preferences.

We noted that there was further information in the files containing people's daily notes, which contained two documents called 'This is me' and 'My day'. These contained additional information about people's likes and dislikes. This was an improvement since the findings at our last inspection but we noted that there had been insufficient progress with updating the care plans in the period of five months since the last inspection. The regional manager explained that they were recruiting a head of care to support the acting manager and strengthen the management team.

This would mean that the management team would have additional time to deal with the outstanding care plans.

As at the last inspection, staff spoken with were able to tell us about people's current needs. At this inspection we found that staff continued to demonstrate a good understanding of people's care needs. A member of staff told us they felt the training they received provided them with the information they needed to do their job.

There was an e-learning system in place that was monitored regionally by the provider. We noted at our last inspection that the percentage of staff who had completed the e-learning programme was 59%, which was significantly below the provider's target of 80%. Improvements had been made and the target had now been met. However, there were still gaps for some members of staff where elements of core training had not been updated within the time set by the provider. The administrator explained that a member of staff was responsible for monitoring when training was due to be updated. Staff were sent a reminder that e-training needed to be completed and we saw that letters were ready to go out for some staff about training that was either due to be updated or overdue. Although training was monitored and the provider's procedures were followed, further action was necessary to ensure staff updated training before it expired rather than receiving a reminder when it was overdue.

The acting manager explained that they had put in place a more structured process for supporting and supervising staff. They told us that nursing staff supervised care staff, the head of housekeeping supervised housekeeping staff and the chef supervised kitchen staff. The acting manager was responsible for supervising nurses and administration staff. Supervisions were planned to take place every two

Are services effective?

(for example, treatment is effective)

months; they were face-to-face and recorded. At the time of our inspection not all staff had had an appraisal but the acting manager said they were working towards all staff having an appraisal annually.

We saw that, where people had individual rooms, they were well maintained and contained personal possessions that reflected people's tastes and preferences. One person had pieces of their own artwork displayed in their room and a relative told us that there was also a larger piece of

work displayed elsewhere in the home as it was too big for the person's room. In other rooms we saw there were family photographs, mementos and other personal possessions. People could choose to stay in their room if they wished to be alone or they could spend time in one of the communal lounges if they wanted to have some company. There was a private lounge where people could meet with visitors. This showed us that, for some people, the environment met their needs effectively.

Are services caring?

Our findings

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Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Some of the people who lived at St Joseph's Nursing Home were unable to make decisions. We spoke with relatives who told us they had been consulted and involved in decisions about their relative's care. One relative told us they had been able to talk to care staff, medical staff and the manager; another said that communication was good and they felt they were listened to. We saw evidence in care records that care plans were updated to reflect changes in people's care needs.

Relatives also felt that it was easy to talk to staff and they felt that their relatives were well supported. They felt that they were kept well informed and that if there was any change or cause for concern they were always told very quickly.

The acting manager explained that they had an activities co-ordinator who talked with people and their families to find out their likes and dislikes. During afternoon tea we saw that the activities co-ordinator canvassed ideas and opinions from people on entertainment and interests. People told us that recent activities included quizzes and film sessions.

The home did not have a mini-bus so group visits were difficult to arrange but individual outings were arranged for

people. For example we saw that individuals had been on visits to a local stable, a garden centre and a swimming pool. A relative told us that the home, "made it easy" to take their relative out.

A relative told us they were, "Welcome to visit at any time." We saw that entertainers and other visitors were also invited to the home; these included Morris dancers, singers, insect specialists and guide dog trainers. People also had individual sessions with chiropodists for hand and foot massages and a hairdresser visited weekly to support personal grooming and wellbeing.

We saw a member of staff discussing gardening with one person and later noted that they were taking a stroll round the grounds of the home together.

We saw that the home had a complaints policy and procedure which was clearly displayed in the reception area of the home. The policy set out how people could raise concerns or make a complaint and how their complaint would be managed. A relative told us they had not had to make a complaint but if they expressed concern it was always quickly followed up. Another relative told us they felt quite able to make comments and express concerns. They said they were confident that, should the need arise, these would be responded to and addressed.

Are services well-led?

Our findings

Since our inspection on 14 and 18 November 2013 there has not been a registered manager in post at St Joseph's Nursing Home. We discussed the current arrangements for the management of the home with the regional manager, who told us that the home was being managed on a day-to-day basis by the deputy manager who had stepped up to the role of acting manager. The acting manager was supported by the regional manager who visited the home every two weeks or more frequently if necessary. A weekly conference call took place with managers of other homes in the region to provide support and share information.

The regional manager explained that they were also in the process of recruiting a person for the role of clinical lead to strengthen the management team. Since our inspection the regional manager confirmed that they had filled the post and they were confident the acting manager would have the time to continue with improvements such as updating the care plans. They also confirmed that they were in the process of completing an application to register a manager.

We saw that there was a process in place to calculate staffing levels and monitor that there were sufficient numbers of staff. They used a dependency tool called the 'Rob Fawcett tool' to assess staffing levels. The regional manager explained how the process worked and said that staff had a good knowledge of the needs of people living in

the home so the dependency tool just gave them a baseline. They also took into account the layout of the home and additional staff were required to ensure people's safety.

The provider had a central auditing team to undertake an annual audit of homes. This audit was based on the Care Quality Commission essential standards of quality and safety. The home had adopted a new audit system to monitor the effectiveness of the service; this was put in place at the beginning of April 2014. The regional manager explained that the new audits would take into account changes in regulation and the new key questions as to whether a service was safe, caring, effective, responsive to people's needs and well-led.

Records confirmed that the system for monitoring the quality of the service included audits of care plans and medication. We also saw that there were health and safety checks to ensure equipment remained safe and fit for purpose.

On a daily basis the team leaders and nursing staff were responsible for monitoring the needs of people living in the home. The acting manager carried out a daily walk around and did spot checks to ensure everything was running well.

Although we did not see staff actively canvassing people's views on the quality of the service, we noted that staff consulted with people to determine their interests on which to base activities.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Safety and Suitability of Premises.</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured that people who use the service and others were protected against the risks associated with unsafe or unsuitable premises by means of suitable design and layout and adequate maintenance.</p> <p>Regulation 15 (1) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</p>
Diagnostic and screening procedures	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Safety and Suitability of Premises.</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured that people who use the service and others were protected against the risks associated with unsafe or unsuitable premises by means of suitable design and layout and adequate maintenance.</p> <p>Regulation 15 (1) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</p>
Treatment of disease, disorder or injury	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Safety and Suitability of Premises.</p>

This section is primarily information for the provider

Compliance actions

How the regulation was not being met:

The registered person had not ensured that people who use the service and others were protected against the risks associated with unsafe or unsuitable premises by means of suitable design and layout and adequate maintenance.

Regulation 15 (1) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010