

The Crescent Care Home Limited

# The Crescent care Home Limited

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

The inspection took place on 12 and 18 November 2014. The inspection was unannounced. We last inspected The Crescent Care Home in July 2013. At that inspection we found the home was meeting all the regulations that we inspected.

The Crescent Care Home is a large Grade II listed mid terraced Victorian property situated on the Headland in Hartlepool. It provides accommodation over three floors for up to nine people with a learning disability and broad spectrum autism.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

‘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 experiences of people who lived at the home were overall positive. People told us they felt safe living at the home, staff were kind and considerate and the care they received was good.

People told us they liked the food in the home, and there was plenty of food and drink available.

We observed people in the communal areas and people’s bedrooms were clean and comfortable. We identified concerns about a potential breach of hygiene standards in the kitchen. This involved allowing the family’s pet dog’s free access to the kitchen areas when in the home. We have made a recommendation that the service explores the Department of Health guidance regarding precautions to adopt when pets are brought into the home.

People’s health needs were monitored and staff worked well with other professionals such as GP’s to ensure their needs were met.

We saw no up to date supervision or appraisal records for all members of the staff. Therefore staff were not adequately supported to acquire and maintain the skills and knowledge to meet people’s needs effectively.

The management of care records required improvement. We found the care records in use at the home and the information contained in them was not consistent. Risk assessments did not refer to any of the potential risks and possible hazards relating to people working away from the home and attending other services out in the community. This meant people may be put at risk, as staff may not have the most up-to-date information on people’s care.

People told us they were pleased with the care they received, these views were shared by people’s relatives. We saw staff were kind and caring towards people and treated them with respect. We saw staff responded to people’s needs quickly and in a caring way manner.

Current systems to regularly assess and monitor the quality of services or identify, assess and manage risks relating to people’s health, welfare and safety were ineffective. There were no records to show the provider regularly requested feedback from staff or people or their representatives on how the service could improve.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. There were no robust systems in place to identify risks and how these will be managed and reviewed. People we spoke with told us they felt safe and relatives confirmed their relative was safe.

Care staff were aware of their responsibilities regarding reporting any safeguarding concerns.

We have made a recommendation that the service considers the Department of Health guidance regarding precautions to adopt when pets are brought into the home.

We found that medication was administered and stored safely.

**Requires Improvement**



### Is the service effective?

The service was not always effective. Staff had not received up-to-date training or, supervision and appraisal which meant people were at risk from staff who did not have the skills and knowledge to meet their needs.

People told us that the food provided was good. Relatives said people were supported to meet their health needs. People had access to a range of health professionals when required and supported when attending health appointments.

The registered manager was aware of their responsibilities regarding Deprivation of Liberties Safeguards (DoLS) and all staff had received training in the Mental Capacity Act 2005 (MCA).

**Requires Improvement**



### Is the service caring?

The service was caring. People and their relatives were happy with the care they received.

We observed how staff interacted well with people in a positive way. They had a good understanding of the needs of the people and cared about the people who lived in the home.

**Good**



### Is the service responsive?

The service was not always responsive. Care plans did not always show the most up-to-date information about people's needs, preferences and risks to their care.

The registered manager and staff supported people to maintain interests and hobbies within the local community. People and relatives told us they had plenty of opportunities to take part in a range of activities both in and away from the home.

**Requires Improvement**



# Summary of findings

Some people did not receive personalised care. Care plans had no up to date information regarding daily routine or any risk assessments around how certain situations might lead to behaviour that challenges staff and others.

## Is the service well-led?

The service was not always well-led. All feedback was provided verbally by the registered manager and her deputy. This meant they were not able to accurately assess the quality of the service to identify any improvements based on their findings.

The home had a registered manager who had relevant experience, skills and knowledge. During our dealing with them they were honest about the challenges of the service.

Staff told us they felt confident going to the registered manager or the deputy manager for advice or guidance. People were happy with the service on offer and how well they were supported and encouraged by the registered manager.

**Requires Improvement**



# The Crescent care Home Limited

## 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 planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 18 November 2014 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was led by an adult social care inspector and a specialist advisor with experience of learning disability services.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

We received a Provider Information Return (PIR) before we undertook this inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the home, including any notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

We also contacted the local authority safeguarding team, commissioners for the service, the local Healthwatch and the clinical commissioning group (CCG). Healthwatch is a statutory body set up to champion the views and experiences of local people about their health and social care services. We also received information from the safeguarding and commissioning managers.

We spoke with seven people who used the service and four family members. We also spoke with the registered manager, the deputy manager and three other members of care staff. We observed how staff interacted with people and looked at a range of care records which included the care records of the seven people who used the service, medicine records and recruitment records for five staff.

# Is the service safe?

## Our findings

The Crescent Care home is managed by four family members who were supported by the same number of care staff. People accommodated at The Crescent Care home had been living there for a number of years. The people we spoke with told us “I feel safe and like the home”. Another person said “I like the staff”, and said how staff take them out in the car most days, for a ride out. They said “We help walk the dogs with other staff following behind”.

Upon entry to the home there were no means of indicating who was in the home or out in the community. There was a signing in and out book for visitors. This meant if any of the people living at the home, left the building for whatever reason, then none of the staff would know which resident was in and who was not.

The house was seen to be clean and maintained with floor coverings and decoration intact. People’s bedrooms were also seen to be clean and tidy. The first floor bathroom did not have a lock on the inside of the door so privacy was an issue. The downstairs bathroom did have a privacy bolt installed. The registered manager told us she was aware of the broken lock and was able to show us a replacement lock had been purchased, which required fitting. We noted the lock had been fitted by the time we left the building.

Some of the risk assessments reviewed had been done for this year, but we found these had just been signed outside the bottom box and dated. For example, risk assessments had not been completed for people who were working out in the community. The assessments did not refer to any of the potential risks and possible hazards. This meant no actual risk information relating to people working out in the community had been completed. For example one person’s care records showed they were having numerous incidents which were logged as incidents and stored in a separate folder. However we noted there were no plans on what their daily routine should be. We noted there was also no risk assessments around their raised anxieties or behaviour that challenged and how to protect them or others when a challenging event occurred. Therefore there were no robust systems in place to identify risks and how these would be managed and reviewed. This is a breach of Regulation 9(1) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One of the family members, who had returned to the home after walking the two pet dogs, was seen to allow the dogs to enter the kitchen. The kitchen was clean and tidy and care staff were seen to be interacting well with people during breakfast, offering encouragement by providing people with information regarding what people would like to eat and drink. We asked whether there were any restrictions on the dogs while they were at the home. We were told they were not allowed on the first floor, and how people liked to see the dogs and even accompany them when they take the dogs for walks outside of the home. We said to the owners and the people who were living there that, some restrictions should be in place to prevent the dogs from entering the kitchen area where food preparation and eating took place. This was because of the possible cross contamination occurring with people patting/stroking the dogs while eating or preparing food for others to consume. We recommend that the service consider current guidance from the Department of Health document titled “Prevention and control of infection in care homes” and take action to update their practice accordingly.

People and their family members told us they felt there were enough staff to meet people’s needs. They said staff saw to their needs quickly. One person commented, “Most people are out during the day, and the owners are always here at the home”. One relative told us, “Yes there are enough staff, there is always someone at hand.” Another relative told us, “The owners have been here for a lot of years, and, there are enough staff to support people if needed”.

We found the provider had a system in place to log and investigate safeguarding concerns. We spoke with three members of staff who were able to tell us how they were aware of who to contact if they had any concerns. All three staff members told us “I would report them immediately to the manager or to the local safeguarding team if needed”. We also received feedback from the local authority safeguarding team about how the registered manager and her deputy had responded positively to previous safeguarding concern in February 2014. They co-operated openly with other agencies, and the safeguarding outcome was the allegations were not substantiated.

We looked at four staff personnel files who had all been recruited in the previous 12 months. A disclosure and barring service (DBS) check had been carried out before

## Is the service safe?

confirming any staff appointments, DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We noted that each person also had two relevant references.

People we spoke with were happy with the furnishings within the home. One person told us “My room is clean and

tidy most of the time”. “I try and keep it tidy and keep it clean”. Relatives of people we spoke with told us that, “The staff are wonderful”; “they have worked wonders”. “I am over the moon how settled he is”. Family members we spoke us told us, “How the home was clean on those occasions they had visited”. The registered manager told us “They like to keep on top of any maintenance issues”.

# Is the service effective?

## Our findings

The registered manager had an understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA) and was aware of recent changes in legislation about what constituted a deprivation of liberty. These safeguards are put in place to ensure someone's care and welfare does not result in unlawful restrictions on people in care homes and hospitals. The registered manager told us people who live at home had no restrictions on how they wish to live their lives.

Before we visited we contacted the local authority commissioning department for their views and comments on the services provided at the home. They told us about the very close 'family' led service provided at the home. They told us how the registered manager always sought the support from the relevant professional team if she had any concerns about people in her care.

Staff members we spoke with were able to tell us what MCA was. Also where there were doubts about a person's capacity, a MCA assessment and 'best interest' decision would be made. We saw from viewing people's care records that currently no one had been assessed as lacking capacity or subject to DoLS applications. We spoke with three members of staff who were able to tell us how they were aware who to contact if they had any concerns. They told us "I would report them immediately to the manager or to the local authority team if needed".

We asked the registered manager to see a staff training matrix, on courses staff had attended in the last 12 months. She was unable to provide us with a list of courses attended by staff or any future scheduled training programmes. She went on to explain how the four care staff at the home had only been appointed in the past 12 months or so. She and her deputy had focussed on ensuring they were sufficiently supported during this time and how each staff member received a robust induction programme and introduced to people who live at the home.

Members of staff told us they had been provided with the necessary support by the registered manager and her deputy to provide the right amount of support to people living at the home. They said they had supervision and appraisal sessions and could discuss issues they had in private. Staff said, "I have been really well supported since I

started, there is always someone to turn to, and the manager is really good". We did see one recorded supervision session for April 2014, however the registered manager was unable to provide supervision or appraisal records for the remaining three members of staff. This meant although staff we spoke with told us they felt supported and comfortable in their caring role, we saw no recent supervision or appraisal records for the remaining members of the staff to confirm this. This meant staff did not receive adequate supervision, appraisal and training to enable them to fulfil their roles effectively. Therefore staff were not adequately supported to acquire and maintain the skills and knowledge to meet people's needs effectively. This is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During the lunchtime meal we saw how staff and people worked together well to prepare the meal. We observed how staff and people interacted freely and openly to prepare lunch and how both wore protective aprons. We saw there was no choice of menu or a menu picture board for those who could not read.

One person we spoke with was able to tell us about the different chopping boards people needed to use and the importance of washing your hands thoroughly. We saw how they were happy to inform both staff and others if they had not washed their hands or not wearing a protective apron when helping out. Staff members in attendance during this period were seen to be encouraging people who needed assistance to decide on what was on offer for lunch. One person told us "I like the meals and they are a good size". People did inform us how requests for different types of food to be purchased were listened to and acted upon by the home owners. The meals being served to people were of a good proportion but no menu or choice of food for meals was seen.

Relatives told us that they were kept informed about any changes in their relative's condition. One person told us "I get a regular update on what's gone on and what he has eaten when he visits me at weekends".

Records showed people were supported to access healthcare professionals about their health needs, such as GPs, physiotherapists, chiropodists, opticians and dentists. The records showed evidence of current reviews and the involvement of people in the review and their family where appropriate. For example one person's seizures had



## Is the service effective?

suddenly increased in frequency. A referral to the GP and specialist healthcare professional had been made resulting in a series of investigations. It was concluded the increase in seizures was caused by elevated blood sugar levels. The registered manager and her deputy had liaised with the dietician, and family members to advise on the type of foods to avoid. They had also arranged for a sensor fitted to the person's bed to alert staff in the event of a seizure during the night.

Staff had an understanding of how to manage people's behaviours that may be a challenge to themselves as well as other people. They were able to describe what measures they would adopt for each person. This included going for a walk, or sitting and chatting with people or spending some time on their own. We did not see however from viewing people's care records that these interventions and strategies had been included into each person's specific care plans for staff to refer to.

# Is the service caring?

## Our findings

The staff were seen to be caring to people and interacted well with them in a variety of activities throughout the day. We spoke with five people and they told us they were happy and well cared for by all staff members at the home. People were seen to move around the home freely where ever and whenever they wanted. Staff described how they supported people to do as much for themselves as possible rather than staff taking over. They said they would offer prompts and encouragement to people to remind them of doctor's appointments or what they had planned to do that day.

We observed the lunch time meal. People in the dining room were independent with their eating and drinking. Staff and people interacted well and sat down to have their meal together. We saw how people were treated with the care and dignity.

People told us they were well cared for. They gave us positive views about the care they received at the home. People said, "We like our home and love going out along the coast." One relative confirmed they felt that their relative was well cared for. They advised "His latest pastime is sea fishing, which is handy for him being so close to the sea". Another relative said, "My relative leads an active life and, he tells me he likes it here." Other family members said, "I am so pleased he is here, he gets on great with the other people. In some ways he has a better social life than me".

We asked the registered manager whether there were any restrictions on people living at the home. Two out of the seven people we spoke with told us they had to be up out of bed at 8.00am, how they could not use the upstairs lounge during the day, and were not able to get a hot drink during the night. The registered manager told us "During the week some people had transport arranged either for them to attend planned work placements or a day centre." People therefore needed to be up and dressed by a certain time". She told us "People had access to the upstairs lounge at any time". We saw how during our time at the home people were able to walk around the home with none of the lounge areas locked. We saw and spoke with some visiting relatives. They told us "People can walk freely into the lounge areas" and could not confirm the comments made by some people about restricted access to certain parts of the home.

With reference to a lack of a hot drink during the night the registered manager told us "People could have a hot drink if they wanted". They continued to say, "People take a drink with them when they go to bed. If people wanted a hot drink they would just need to inform the member of staff on duty". And, "This has never been an issue previously." Another person we spoke to said "Staff look after me and I am happy where I am."

People also gave us positive views about the care staff. They said, "They look after you. We have had some new members of staff and they are all lovely". Relatives we spoke with said they were happy with the staff delivering their relative's care. One relative said, "The staff are really good, they just know how to deal with my relative. I could not be happier in the way he is looked after". Another relative said, "I have known the owners for a number of years and they are so helpful and caring".

Staff had a good understanding of the needs of the people they cared for. They were able to tell us about the people in their care and any specific needs they had. However this was not referred to in people's care plans. Family members confirmed that staff knew their relative well and understood their needs. One family member said, "The staff always know how my relative is." Other family members said staff were "looking after [my relative's] needs" and staff had "more than met my relative's needs".

People had opportunities to have one to one time with staff. Staff told us they had the time to see to people's needs and to have meaningful one to one time with people. We observed throughout the day of our inspection that staff were regularly sitting chatting with people. One staff member said, "People have one to one time every day." Staff told us they would spend this time sitting and chatting with people, having a cup of tea or going for a walk and visiting the local shops". Family members confirmed staff understood people's needs. One family member said, "If I need to speak to anybody anytime they are there and if I ask staff for something they act upon it."

Staff treated people with dignity and respect. One person said, "Staff were great and chatty". They also said "Staff respect my wishes and the way I want to be treated". Relatives confirmed that treated their relative with respect. One family member said staff were, "Very caring and kind towards [my relative]", and, "They treat my relative like their own family member." Staff gave us practical examples of how they maintained people's dignity and respect when

## Is the service caring?

delivering care. They said they would make sure the person's door was shut when they were receiving personal care and how one-one conversations would be held out of ear shot of others.

# Is the service responsive?

## Our findings

People we spoke with gave us positive views about the care they received at the home. People said, “We like our home and love going out along the coast.” One person when asked knew how to make a complaint, and said “I would ring you, you being the CQC”.

Family members we spoke with had not expressed any care issues and they confirmed how the manager responded to any change in people’s needs, seeking advice/support where necessary.

They said, “We can see the care plans if we wished to but have not needed to. The family here and the staff provide plenty of opportunities for people to take part in a range of activities. People and family members gave us examples of the activities that were available. One person told us “The manager and her staff had helped me find a suitable job at a local garage as I am interested in cars and car maintenance”. Another person said the home was, “Good at getting you out and about.” People said they enjoyed, going on holiday. We have been to Spain, Scarborough and Skegness”. They also said, “We go to the sport ability club today, where you can play table tennis, football, and bowls”. One relative told us, “There are plenty of activities for people to attend.” Another family member told us that their relative had been, “To the social club and had thoroughly enjoyed it”. They also said “He loves to go for a walk to the local shop for a paper or when the owners walk the dogs”. Other family members said, “My relative is rarely in the house; he loves watching and taking photographs of the sea and people fishing off the promenade”.

Another relative told “His latest pastime is sea fishing, which is handy for him being so close to the sea”. Another relative said, “My relative leads an active life and, and I am so pleased he is here”. “In some ways he has a better social life than me”.

People told us they were able to choose how they spent their time. They said if they wanted to take part in activities they could, or if they wanted to have quiet time in their room that was also alright. One person said, “If I feel like I want quiet I just come upstairs to the lounge.” Staff told us about other choices people were supported to make each day. For example, staff said people were asked what

clothes they wanted to wear each day, what time they wanted to go to bed, food and drink choices and whether they wanted to go out. We undertook a specific observation for three quarters of an hour over the lunch-time.

People told us how they liked the manager and how she had organised for them to go away on holiday. One person said, “We like our home and love going out along the coast.” Relatives confirmed that they also felt that the manager looked after their relative. One relative said, “The manager has given him opportunities and experiences of a lifetime. The manager has escorted him all over the world to enable him to compete in the specialist Olympic games”.

We saw how people were supported to engage in activities away from the home. One person who attended work out in the community told us “I really enjoy going there each week, and thank the staff for arranging this for me”. Another person told us “He felt safe within the house and goes to the shop most days for a morning paper”.

The provider did not have a formal system to assess and monitor the quality of care provided to people or to manage risks of unsafe or inappropriate treatment. There was no evidence of recent quality monitoring of care documents at the home. We saw care plan audits had been undertaken in 2013 but there were no more recent audits. There was a daily weight chart and a folder to record people’s weight which was seen to be up to date. We found some care plans lacked detail and others did not contain appropriate advice for staff to follow. Other care plans were missing information about people’s preferences, life histories and risk assessments. For example each plan had been copied from the previous admission assessment carried out by the social worker. Staff had expanded upon the initial assessment to include risk assessments but were not considered to be in depth. We found they were tick boxes against eight questions.

Staff were not considering and documenting the relevant risk associated with what activity each person might undertake both within the home environment and when out on work placements in the community. We saw no reference about a person’s previous life history. We noted the seven care plans we looked at were not person centred including any risk assessments for each individual. We found they had been copied from the initial assessment carried out by the social worker. We did not see any written records indicating the involvement of the person in their care plan or any family member. The provider information

## Is the service responsive?

return document (PIR), said they had included everyone, even the GP's. However when we referred to the PIR about this, the manager and her deputy, said "We see the families most weeks when they visit, and discuss and update them on those occasions".

We noted none of the care files viewed contained a hospital passport. The hospital passport is a short booklet designed to help people with a learning disability to communicate their needs to medical and nursing staff when they attend hospital. We spoke with the registered manager about this and she told us she was aware of the booklet and showed us a blank one on the notice board in the kitchen area. We noted there were separate health action plans for each person but these were either out of date, (last entry being 2009), or not subsequently reviewed and updated.

We saw how correction fluid had been used relating to each file around someone's care review. The last reviews had been recorded as being completed in 2013; however the date 2013 had been covered in correction fluid and the

date changed from 2013 to 2014, rather than using a new care review sheet. Therefore there were no robust systems in place to check that people's needs were being met and that the service was operating safely.

The five people we spoke with told us they had no input into their care plans. We saw care files had an activity sheet for each person and were seen to be dated but not reviewed and updated. A care review sheet was seen, confirming the care plan had been reviewed. Upon further enquiry, it was noted that correction fluid had been used to bring it up to date for the current year. This meant no subsequent up to date review of the person's progress in the previous 12 months could be seen. The record of the review did not provide staff with a meaningful update about each person, linked to each individual care plan. This meant that staff did not have access to relevant and up to date information to refer to about the people in their care. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

# Is the service well-led?

## Our findings

Staff told us they felt confident going to the registered manager or the deputy manager for advice or guidance. We found people who lived at the home had been there for several years and knew the home owners extremely well. The home had an established registered manager. The provider had been pro-active in submitting most types of statutory notifications to the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns.

The provider did not have a formal system to assess and monitor the quality of care provided to people or to manage risks of unsafe or inappropriate treatment. There was no evidence of recent quality monitoring of care documents at the home. We saw care plan audits had been undertaken in 2013 but there were no more recent audits. There was a daily weight chart and a folder to record people's weight which was seen to be up to date. We found some care plans lacked detail and others did not contain appropriate advice for staff to follow. Other care plans were missing information about people's preferences, life histories and risk assessments. For example each plan had been copied from the previous admission assessment carried out by the social worker. Staff had expanded upon the initial assessment to include risk assessments but were not considered to be in depth. We found they were tick boxes against eight questions.

Staff were not considering and documenting the relevant risk associated with what activity each person might undertake both within the home environment and when out on work placements in the community. We saw no reference about a person's previous life history or evidence that Personal Emergency Evacuation Plans (PEEPs) had been audited. We also found that the provider had not addressed audits relating to the planning of people's care and treatment; staffing levels; adequate staff training, supervision and appraisal and the effective monitoring of the quality of service people received found during our last inspection. This was a breach of Regulation 10 (1) (a) (b). The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

There were no records to show the provider regularly requested feedback from staff or people or their relatives on how the service could improve. Relatives told us the registered manager and her deputy were approachable and supportive. One family member said, "The manager is lovely, and, she will listen to you and will deal with things". Staff also confirmed how there is always someone to turn to, and the manager is really good. Family members also said, "The staff are good at keeping in contact with family members, and, "The staff do take notice when something needs to be done". Another family member said, "I am always kept up to date". "If anything is wrong they are straight on the phone, and would tell me anything that was happening with my relative."

This section is primarily information for the provider

## Action we have told the provider to take

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

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services<br><br>The registered person did not take proper steps to ensure each service user received care that was appropriate and safe. |

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff<br><br>The registered person did not have suitable arrangements in place to ensure that persons employed for the purposes of carrying on the regulated activity received appropriate training, professional development, supervision, and appraisal |

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers<br><br>People who use services and others were not protected against the risks of inappropriate or unsafe care because an effective system for monitoring the service was not in place. |