

Barts Health NHS Trust

The Margaret Centre

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The premises did not meet patient's needs. The Margaret Centre was in need of refurbishment. There were no suitable washing facilities for patients in the Margaret Centre. All the accommodation at the Margaret Centre was in single rooms which did not have en-suite toilet facilities. All patients used commodes due to the lack of toilet facilities rather than because of levels of independence or support needs. We also found concerns for the safety of patients due to the gas boiler room not meeting current fire regulations.

The service did not have effective systems to manage and monitor the prevention and control of infection. The

service was not using clinical hand wash basins as required by a clinical setting. The service had no dedicated and compliant domestic cleaning facility which meant staff were storing hazardous substances in the gas boiler room putting patients at risk.

Record keeping and storage was not always safe. Clinical note files had a considerable volume of loose and ad hoc documents. We found on the day of the inspection it was not always easy to access information in a timely manner.

The majority of staff we spoke with told us they had not received a recent appraisal and did not have regular supervision meetings for the in-patient unit. The training

Summary of findings

information provided showed that most staff had not attended mandatory training in the last 12 months which included health and safety, medication, and Mental Capacity Act 2005 (MCA) & Deprivation of Liberty Safeguards (DoLS). Senior staff told us they could provide further documentation for supervision and appraisals however because of poor record keeping it could not be found.

We found staff morale was low. Staff told us they had no clear leadership for the service, high sickness levels, inappropriate acute admissions, and not enough investment in training needs for staff. Inadequate systems were in place to ensure the delivery of high quality care. During the inspection we identified failings in a number of areas. These included managing risks, infection control, record keeping, safety and suitability of premises, training and supporting staff.

Relatives told us they were happy with the care and support provided. We found that some systems were in

place to help ensure people were safe. For example, staff had a good understanding of issues related to safeguarding vulnerable adults. People knew the procedures for reporting any concerns and had confidence senior staff would respond appropriately to any concerns raised. The service had a system to report and record accidents and incidents. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and DoLS. Medicines were stored and administered safely.

People in the community and patients of the service were able to access complimentary therapies. We found people and their relatives' feedback was encouraged through questionnaires and regular listening events which provided opportunities to people and their relatives to address and discuss issues.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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 safe. The service did not have effective systems in place for the management of infection control.

Record keeping and storage was not always safe. We found on the day of the inspection it was not always easy to access information in a timely manner.

We were not assured that the service had an effective recruitment and selection processes in place.

Staff had a good understanding of issues related to safeguarding vulnerable adults.

Medicines were stored and administered safely.

Inadequate



Is the service effective?

The service was not effective. The premises did not meet the patient's needs.

The service was in need of refurbishment. There were no suitable washing facilities for patients in the Margaret Centre. We also found concerns for the safety of patients due to the gas boiler room not meeting current fire regulations.

The majority of staff we spoke with told us they had not received a recent appraisal and did not have regular supervision meetings for the in-patient unit. The training information provided showed that most staff had not attended mandatory training in the last 12 months.

The service was aware of its responsibility with regard to Deprivation of Liberty Safeguards (DoLS) and was applying for DoLS authorisations for people that were potentially at risk.

People had choice over what they ate and drank. People had access to health care professionals as appropriate.

Inadequate



Is the service caring?

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Good



Is the service responsive?

The service was not always responsive. People were at risk of inappropriate care because staff did not have the appropriate clinical experience to meet their needs.

Requires Improvement



Summary of findings

Relatives told us their family member's received personalised care that was responsive to their needs. People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement.

People in the community and patients of the service were able to access complimentary therapies.

We found people and their relatives' feedback was encouraged through questionnaires and regular listening events which provided opportunities to people and their relatives to address and discuss issues. A complaints process was in place.

Is the service well-led?

The service was not always well-led. We found staff morale was low because they had no clear leadership for the service, high sickness levels, inappropriate acute admissions, and not enough investment in training needs for staff.

There was a lack of robust quality assurance systems in place.

Requires Improvement



The Margaret Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection. The inspection team consisted of two inspectors, a pharmacy inspector, palliative care specialist, and estates and facilities specialist. We visited the service on 12 February 2015 and spoke with five relatives of people who used the service. We also spoke with six registered nurses, the nurse manager for the community team, the hospital matron, two medical consultants, clinical lead nurse for infection control and prevention, head of complimentary therapies, head of estates and facilities, deputy director of estates and facilities, head of health and safety management, the

housekeeper and a kitchen assistant. We looked at three patient files, a range of audits, minutes for various meetings, accidents and incidents records, four staff recruitment files, health and safety folder, food menus, and policies and procedures for the service. We spent time observing interaction between patients who were staying at the service, relatives and staff. We looked at facilities and the building which included bedrooms, office accommodation, treatment areas, refreshment areas, communal lounge, and shared bathroom for the service.

Before our inspection, we reviewed the information we held about the service. This included the last inspection report for November 2013. Before the inspection the provider completed a Provider Information Return (PIR). This 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 also contacted the local authority safeguarding team and clinical commissioning group.

Is the service safe?

Our findings

The service had an infection control policy for Barts NHS Trust. The policy covered topics relating to infection control, cross contamination and cross infections being clearly, identified, and effectively managed. The policy was not specific to the service which means it did not always guide issues specific to The Margaret Centre.

The service carried out infection control risk assessments. We saw records to confirm this. The infection control risk assessment for the service had identified concerns for the fixtures, fittings and finishes for the service however the assessment did not indicate how these would be actioned and who was responsible. For example, the service was not using clinical hand wash basins as required by Healthcare associated infections (HCAI) and Department of Health Compliance Standards HBN 00-10: Part C for a clinical setting. This meant the service did not have effective systems to manage and monitor the prevention and control of infection.

We saw the service had a clean and dirty utility area. The clean utility area was very cramped. The clean utility had no fixed mechanical supply ventilation and the dirty utility had no fixed mechanical extract ventilation as required by HCAI and HTM 03-01. Both areas did not have a compliant clinical wash basin as required for a clinical setting. The clean utility area had no room near the wash basin for a clinical waste bin or access to it in a safe manner. The dirty utility area sink and the hand wash basin were located next to each other increasing the risk associated with cross contamination and cross infections. We spoke the infection control lead person who was aware of this concern however they had never recorded it on their risk assessments.

The service had no dedicated and compliant domestic cleaning facility as required by HCAI. The infection control lead person was aware of this when we discussed this during the inspection however they were unsure why this had not been addressed. This meant domestic staff were storing Control of Substances Hazardous to Health (COSHH) cleaning agents and solutions in a number of areas including the clean utility area, the dirty utility area and the gas boiler room. This was a breach of regulation 12

of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with relatives of people and asked if they felt the service was safe. Relatives told us they did not have any concerns about their safety.

The service used the Barts NHS Trust safeguarding policies and procedures in place to guide practice. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from senior staff. One staff member told us, "I would flag up [safeguarding concerns] to a senior nurse in charge." Staff were aware of their rights and responsibilities with regard to whistleblowing.

We looked at staff files to check whether the information satisfied the relevant requirements. We were informed that seventeen staff had worked at The Margaret Centre at the time of our inspection. There were no files kept on site with regards to the three newest members of staff. We were told they had been transferred from other wards within Whipps Cross Hospital and their personal files were still with their previous manager. We noted that all three transfers were completed four weeks previously. We checked four out of the remaining fourteen staff files and saw that the files did not contain all the relevant information. Only two files contained a full employment history with explanation of any gaps and only one had a proof of identity. No evidence was kept on file whether staff had been subject to checks with the Criminal Records Bureau, now carried out by the Disclosure and Barring Service. No references from previous employers were kept on file either. Two out of the four files showed that staff's nursing registration status was checked.

We were told that the recruitment process had been managed by Barts Health human resources department and individual files were kept by them. We were not ensured that the service had an effective recruitment and selection processes in place as staff personnel records did not show they had been subject to all appropriate and necessary checks prior to being employed by the service. This meant the provider had not taken all appropriate steps to make sure people were safe and their welfare needs were met by staff who were suitably qualified, skilled and experienced.

Is the service safe?

Record keeping and storage was not always safe. In addition to the main clinical notes files in the notes trolley each patient had a considerable volume of loose, ad hoc records and documents. These comprised of nursing documentation and ad hoc medical records, including some from the previous ward prior to transfer from Whipps Cross Hospital. For example, for two patients the nurse handed us what was supposedly the clinical file, but it was actually a set of ad hoc documents. We could not find the daily nursing records for two patients which should be kept in the patient's room or outside in a holder. After some considerable time searching for them they were found in a pile of other files in the office. This meant considerable risk in terms of confidentiality, patient safety and responsiveness.

This was a breach of regulation 20 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed patient's files. Each file had a completed 'do not attempt resuscitation' (DNACPR) form. The forms were updated and signed. We saw documentation that showed family members and the GP had been involved. The Margaret Centre used the Bart's Healthcare Trust DNACPR form.

The service had a system to report and record accidents and incidents. We saw records of incidents which included the date when the incident happened, the date when it was reported, a brief description of and the actions that were taken to deal with the incidents. There were 59 incidents since 1st August 2014. These were mainly related to skin breakdown, falls and staffing issues. We found the service responded appropriately to the accidents and incidents by involving relevant other professionals and/or making changes to people's care.

We also found that incidents had been discussed on the monthly heads of departments meeting to ensure the service dealt with them appropriately and to identify whether there was any trend that needed to be addressed. We attended the meeting on the day of our inspection. Issues around staffing and staff training were part of the discussions as these affected the quality of the care and some incidents were directly related to them. We found the service was in the process of creating an education strategy as part of its response to these incidents.

As part of this inspection we looked at the medicine administration records for five patients. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded. If people were allergic to any medicines this was recorded on their medication administration record chart. This meant people were receiving their medicines as prescribed.

We saw medicines were stored securely. Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature, and so would be fit for use. Controlled drugs were stored and managed appropriately.

Patients were able to self-administer their own medicines if they wanted to. A doctor assessed if a patient was able to safely administer their own medicines and the patient signed a form to agree. Each patient had a lockable cabinet beside their bed to store their medicines securely.

We looked at the management of medicines incidents. We saw they were being recorded and there was a system in place for effective review. We were told about the lessons learnt after a recent serious incident and the changes that had been implemented.

Is the service effective?

Our findings

At our previous inspection of the service in November 2013, we found that the service did not ensure that the patient environments (or 'premises') were safe and met patients' needs. We found at the last inspection there were no suitable washing facilities for patients in the Margaret Centre. There was no covered route between the two buildings. The Margaret Centre was in need of refurbishment. Patient transfers between theatres and wards were often a long journey along public corridors. We did not identify any instances of patients being supported to shower where wards were equipped with walk-in shower rooms. Patients were washed in bed. The environment did not meet patients' needs. All accommodation at the Margaret Centre was in single rooms which did not have en-suite toilet and washing facilities. All patients used commodes due to the lack of toilet facilities rather than because of levels of independence or support needs. During this inspection we checked to determine whether the required improvements had been made. We found the service was not meeting the regulation.

We found since the last inspection minimal work had been done to meet the regulation. The service had turned two single rooms into one double room and that room had been decorated. No other improvements had been made.

We also found other concerns with regards to the premises. We looked at the gas boiler room which was accessible from the communal lounge. The room was not locked and had no signage to indicate what the room was used for. The door to the gas boiler room was hollow and did not meet the guidelines for current fire regulations. We saw the room was also used for the storage of flammable liquids, bedding and other combustible equipment. Fire risk assessments we looked at for the premises had not highlighted any risks for gas boiler room. One senior staff member told us, "This building is completely unsuitable." This meant people were at serious risk of harm.

The service carried out two fire risk assessments for 2014. We saw records of the fire risk assessments. We saw the service had identified a number of significant findings and actions required however many had not been actioned. For example, it had been identified to clear the corridors of storage as it was a fire risk however this had not been completed. Furthermore, we noted the lack of emergency lighting had been identified as a risk however this had not

been actioned. This was a breach of regulation 15 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A senior staff member told us that the majority of staff had not received a recent appraisal and did not have regular supervision meetings for the in-patient unit. We were told before the inspection that all staff were offered clinical supervision although not all staff had taken this up. A senior nurse on the day of the inspection confirmed this was correct. The senior nurse told us, "Staff don't get supervision. More to do with staff not wanting it." We looked at staff files however they did not contain any supervision records and only one file contained a recent yearly appraisal. Senior staff told us they could provide further documentation for supervision and appraisals however because of poor record keeping it could not be found.

Before the inspection the provider sent us training attendance information for staff for the last 12 months. We found the number of staff attending training on the information provided did not always match the information we saw on the day. For example, we were told prior to the inspection that four staff attended advance communication training however the community manager produced a letter which showed more staff actually attended. The training information provided showed that most staff had not attended mandatory training in the last 12 months which included health and safety, medication, and Mental Capacity Act 2005 (MCA) & Deprivation of Liberty Safeguards (DoLS). One senior staff member told us, "Not enough investment in training needs." This meant failing to provide staff with the training and support they need to undertake their work was a breach of regulation 23 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The senior staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. The senior staff knew how to make an application for consideration to deprive a

Is the service effective?

person of their liberty. We saw documentation in people's files for consent to care signed forms and DoLS applications. However, we saw no training had been completed for nursing staff on the Mental Capacity Act 2005 and DoLS. One nurse told us, "There is a formal assessment [DoLS]."

The service had a set lunch and dinner menu that included all meals and puddings that were available to people who used the service. People were asked what they chose from the menu before the mealtimes and the kitchen assistant then collected the frozen meals from the hospital's main kitchen. The kitchen staff told us they discussed people's dietary and special needs with the nurse in charge prior to serving the meals.

Records showed fridge and freezer temperatures were checked regularly to ensure food was stored appropriately and food temperature checks following heating were also recorded. We noted that the service's kitchenette was only used to heat up meals in a microwave oven and were not subject to checks by the Food Standards Agency.

We found people had access to hot drinks and fresh fruits. Staff also told us that people and their families were welcomed to bring in food, drinks or snacks if they wished to.

People were supported to access healthcare services when required. Patient records showed people received visits from a range of healthcare professionals such as medical consultants, physiotherapists, occupational therapy and dieticians. One relative said, "The physiotherapist came to see [relative] and was good." We saw that weekly multi-disciplinary team (MDT) meetings involving doctors, nurses, social workers, occupational therapists and physiotherapists were held to discuss individual cases which included discharge options and future care planning. We saw from patient records that decisions made at MDT meetings were discussed with people and their families. This meant people were kept informed about decisions that affected their care and treatment.

Is the service caring?

Our findings

Relatives of the people using the service told us the staff and the service was caring. One relative told us, “They [staff] are lovely, very helpful, can’t fault.” Another relative said, “The staff are really nice and caring.”

We observed caring and calm interactions between staff and patients. People were able to have visitors throughout the day, and if people wished, friends and family could stay in the person’s room overnight. One relative said, “I haven’t been restricted when I can visit.”

We saw documentation of patient’s end of life wishes. For example, one person had recorded in their notes a discussion about pain management. We saw entries in the clinical notes which discussed end of life care for a patient that was deteriorating. People were supported to have a pain free death in line with their wishes. One relative told us, “The doctor took my [relative] of morphine as could cause kidney damage. They replaced the morphine with something else.”

The relatives we spoke with told us they were able to make their views known about the care and support provided for their relative. One relative told us, “They [staff] explain everything to you.” The relatives we spoke with said staff kept them informed of their family member’s care and

discussed any issues and changes. Patients files we looked at showed that people were involved in decisions about their care. For example, one patient made a specific request not to prolong life. Staff explained they can’t give harmful doses of medicines however they can increase sedation to optimise comfort. This decision also involved relatives in the discussion with the patient’s permission. We saw records to confirm this. This meant people were involved and informed of their care and treatment.

Staff told us how they promoted people’s dignity, choice, privacy and independence. For example, they said they always ensured that doors and curtains were closed when providing personal care to patients. One relative told us, “Staff don’t interrupt if we close the door and talk to my relative.” We saw people being treated with dignity and respect. One staff member told us, “I show respect and dignity by the tone of voice.” The same staff member also said, “I always speak to patients even when they are unconscious.”

People’s cultural and spiritual needs were met through an on-site chaplain for the Barts NHS Trust. Staff told us the chaplain was available on call. We saw in the communal lounge a folder available to patients and family which provided information on accessing a range of different spiritual organisations for support.

Is the service responsive?

Our findings

The Margaret Centre is registered as a hospice for palliative care. However we were told when there are empty beds, the in-patient unit was expected to take acute admissions with other care needs from other areas of the hospital. Staff told us that not all nurses are trained to treat acute patients who are placed at the Margaret Centre. A new policy had been introduced that identified a key consultant who would do daily visits to acute admissions patients at the Margaret Centre. Junior consultants also provided cover for this role. The policy states there should be a discussion with a consultant at the Margaret Centre before acute patients are admitted. However senior staff told us they were told, not asked to take acute patients and were often over-ridden if they disagreed with the decision. For example, one patient had been placed at the Margaret Centre because the main hospital did not have capacity for this person. However, the patient complained of chest pain and they had to be placed back to the main hospital as nursing staff could not meet their needs. One staff member told us, "We aren't cardiac nurses." Another staff member told us, "We are a dumping ground." This meant people were at risk of inappropriate care because staff did not have the appropriate clinical experience to meet the needs.

Relatives told us they received personalised care that was responsive to their family member's needs. One relative told us, "I can't say nothing wrong against them [the service]." Another relative said, "I couldn't fault the back-up. [Staff] were marvellous."

Although we found people's needs were regularly assessed and responded too, the way documentation was arranged meant there was a risk that people may not always receive responsive care as consistent documentation was not in place. Patient's records provided evidence that their needs were assessed prior to admission to the service. This information was then used to complete more detailed assessments which provided staff with the information to deliver appropriate, responsive care. We saw information had been added to plans of care as appropriate, indicating that as people's needs changed their package of care changed. For example, one person wanted to transfer from

a hospital ward to the service for end of life care. We saw the service met with the person and their family on the day of the request. After assessing their needs they were transferred to the service on the same day.

People in the community and patients of the service were able to access complimentary therapies. The complimentary therapies team was based at the Margaret Centre and worked as part of Barts NHS Trust. The head of complementary therapies told us they take referrals from anyone diagnosed with cancer using Barts Health. The service offered patients a weekly relaxation group based at the Margaret Centre. We were told the relaxation group will facilitate conversation which is patient led. Patients at the service also could access one to one treatments which included aromatherapy, massage and reflexology.

We found people and their relatives' feedback was encouraged through questionnaires and regular listening events which provided opportunities to people and their relatives to address and discuss issues. The feedback through the questionnaires was positive and people said they would recommend the Margaret Centre to their friends and family. Comments included "The whole atmosphere was calm and caring" and "Friendly staff, clean rooms and very attentive."

There were two listening events called "Have your say day" in 2014. We saw the minutes and reports of these events and saw that people's relatives either attended these events or sent back written feedback about their experiences. They were asked about what went well in the Margaret Centre and what could be improved. The feedback generally was very positive.

The service had a complaints management policy and which described the staff's duties and responsibilities and the process they had to follow. We found the service had six complaints and found the service was listening to people's and their relatives' problems and concerns. We found the complaints were investigated appropriately and the service aimed to provide resolution for every complaint in a timely manner. For example the issues were discussed with the involved staff and further relevant training was arranged for staff. Complaints and their resolutions were also discussed during the monthly 'Heads of Departments' meeting to ensure that the service responded appropriately.

Is the service well-led?

Our findings

We found the service was not well led. The Nurse Manager for the in-patient unit, who also covered the Hospital Palliative Care Team and Community Team had been on long-term leave. The ward sister/manager had also been off on long term sick leave. A new role had recently been created to appoint a Nurse Manager to cover the Community Team. However, after one week this role was changed and they also had to cover the in-patient unit as well. The nurse manager told us this detracted from undertaking their induction and developing the role for which they were employed as Manager of the Community Team. Senior nurses were covering the work for the nurse manager roles and clearly trying to do their best in the circumstances however they told us they were struggling with the additional management responsibilities.

We found staff morale was low because they had no clear leadership for the service, high sickness levels, inappropriate acute admissions, and not enough investment in training needs for staff. Comments from staff included, “leadership not going well on many levels”, “[the nurse manager] quite good but has been thrown in the deep end”, “Morale is at rock bottom. If they would top up my pension I would walk today”, “the management structure and ward is in turmoil”, and “staff morale is low.” One senior staff member said, “[The Margaret Centre] lacks leadership at the moment. Some decisions need to be made about leadership and management.”

Inadequate systems were in place to ensure the delivery of high quality care. During the inspection we identified

failings in a number of areas. These included managing risks, infection control, record keeping, safety and suitability of premises, training and supporting staff. These issues had not always been identified by the provider which showed there was a lack of robust quality assurance systems in place.

This was a breach of regulation 10 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Margaret Centre in-patient and community staff are employed by Barts Healthcare and as such are managed through the Bart's Healthcare management structures and functions. The impact of such organisational arrangements reviewed during the inspection do challenge the current registration status of the Margaret Centre as an Independent Hospice as opposed to being a palliative care unit at Whipps Cross Hospital and therefore as part of Barts Healthcare. All staff we spoke with advised that the Margaret Centre is not a hospice but a palliative unit of Whipps Cross Hospital. One senior staff member told us, “I have been told very clearly several times that the Margaret Centre is not a hospice and is part of the hospital trust.” Another staff member said, “I would like to say we are a hospice but we are a palliative unit of the hospital.” We gave feedback at the end of the inspection and senior management from the Barts NHS Trust attended. We discussed the service registered as a hospice and they told us it was a unit of the hospital and maybe they registered the service incorrectly.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>People who use services and others were not protected against the risks associated with preventing, detecting and controlling the spread of infections because of inadequate assessment of risks. Regulation 12(2)(h).</p>

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 20 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>People were not protected against the risks associated with inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of each person which shall include appropriate information and documents in relation to the care and treatment provided to each person. Regulation 17(2)(d)</p>

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

Action we have told the provider to take

Regulation 15 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements are needed to ensure that people's environment (or premises) are safe and meet people's needs. Regulation 15(1)(c)(d)(e)

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 23 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service were not supported by staff who had received appropriate training and support to enable them to deliver care to an appropriate standard. Regulation 18(2).

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 10 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inadequate systems were in place to ensure the delivery of high quality care. Regulation 17(2)(a)(b).