

CLS Care Services Limited

Crossways Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We visited this service on 16th April 2015 and the inspection was unannounced.

The last inspection was carried out in May 2013 and we found that the home was meeting the regulations we assessed.

Crossways is a care home providing personal and respite care for up to 39 older people. A passenger lift and

staircases provide access to all levels. The home was purpose built and is situated in the village of Lostock Gralam which is about three miles from Northwich town centre.

At the time of our visit there were 30 people living at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care

Summary of findings

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe at the service and that the staff understood their care needs. People commented "The staff are lovely" and "You're quite safe here." However we found that people did not feel able to openly express their opinions about the service.

We found the provider had systems in place to ensure that people were protected from the risk of potential harm or abuse. However we identified that the registered manager had not followed these procedures in one incidence. This meant that people who lived at the service could have been put at risk of potential harm or abuse.

Policies and procedures related to safeguarding adults from abuse were available to the staff team. Staff had received training in safeguarding adults and during discussions said they would report any suspected allegations of abuse to the person in charge. This meant that staff had documents available to them to help them understand the risk of potential harm or abuse of people who lived at the service.

The provider had policies and procedures in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), safeguarding and staff recruitment.

People where possible were involved in decisions about their care and support. Staff made appropriate referrals to other professionals and community services, such as the GP, where it had been identified that there were changes in someone's health needs. We saw that the staff team understood people's care and support needs, and the staff we observed were kind and treated them with respect.

We found the home was clean, hygienic and well maintained in all areas seen.

We looked at the care records of three people who lived at the home. We found there was basic information about the support people required and that it was written in a way that recognised people's needs. We saw that care plan reviews were completed and up to date.

We identified concerns with the records and administration of medication, which meant that people who used the service may not get their medication administered as prescribed. We have made a recommendation regarding medication.

We found that good recruitment practices were in place and that pre-employment checks were completed prior to a new member of staff working at the service. This meant that the people who lived at the service could be confident that they were protected from staff who were known to be unsuitable.

We looked at staff training and we identified concerns that some staff had not undertaken training that was required by the provider within the timescales set by them. We saw that 11 out of 33 staff had one or more outstanding training sessions not completed. There was a system in place for this but the registered manager had not ensured that training was kept up to date. This meant that some staff training was out of date. Staff did not have up to date supervision or appraisals.

We looked at staffing levels at the service. We saw that the staffing levels had been reduced in line with the current numbers of people who used the service. The manager explained that the staffing levels were set by the registered provider. People who lived at the service felt there were not enough staff on duty and staff said that they felt their time was taken up with task-led activities and little time for social contact or stimulation.

We noted that an activities coordinator was employed at the service. However, they confirmed that often they were asked to undertake caring duties or escorting people to appointments rather than activities that had been planned for that day. This meant that often activities were planned but not completed.

We looked at how complaints were dealt with. Some of the people told us they would approach the management, however others said they were hesitant of speaking out and indicated that there could be repercussions. This led us to believe that with some people who used the service there appeared to be a culture of silence. The service had received two complaints since the last inspection. We saw the documentation relating to these and found the procedure used followed the information within the complaints policy.

Summary of findings

We saw that the service had a range of quality assurance systems in place and we noted these were up to date.

People told us the food was okay. We observed that people waited a long time to be served meals.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Safeguarding procedures were in place but these had not been consistently followed by the service which meant that people who used the service were not always protected from harm.

Medication administration was not managed safely.

We found that recruitment practice was safe and policies and procedures were in place to ensure that unsafe practice was identified so that people were protected from staff who were unsuitable to work with people who lived at the service.

Requires improvement



Is the service effective?

The service was not effective.

Some staff did not undertake training that was required by the registered provider within the timescales set by them. This meant that some staff training was out of date. Staff did not have up to date supervision or appraisals.

People waited a long time to be served meals. We found there was a choice of meals available.

People's rights were protected because the Mental Capacity Act (MCA) 2005 Code of Practice was followed when decisions were made on their behalf. The service had policies and procedures in place in relation to the MCA 2005.

Requires improvement



Is the service caring?

The service was caring.

We saw that staff encouraged people to make decisions on a day to day basis and staff were kind and caring.

People we spoke with commented on the caring and kindness of the staff team. People told us that their privacy and dignity was respected when staff were supporting them, particularly with personal care.

Good



Is the service responsive?

The service was responsive.

People's health care needs were assessed with them and access to health care professionals was available. People were involved in their plans of care.

We looked at how complaints raised were dealt with, and found that processes were in place and these were used to deal with issues.

The care staff team seem to be task-led with little or no time for other activities with the people who lived at the service.

Good



Summary of findings

Is the service well-led?

The service was well led.

The service had a range of quality assurance systems in place, which were up to date.

We saw that people were concerned and nervous when speaking with us. We observed a culture of silence and nervousness amongst the people who lived at the service.

A range of staff meetings had taken place, however care staff meetings had not taken place since 2013 and meetings with the people who used the service had not been undertaken since September 2014.

Good



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

This inspection took place on 16th April 2015 and was unannounced.

We spent time observing care in the communal areas and used the short observational framework (SOFI) as part of this, which is a way of observing care to help us understand the experience of people who could not talk with us. We looked at all areas of the building, including people's bedrooms and the communal areas. We also spent time looking at records, which included three people's care records, four staff recruitment files and records relating to the management of the home.

The inspection team consisted of a Lead Inspector and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert by experience had knowledge and experience of caring for older people.

Before our inspection, we reviewed all the information we held about the service. This included notifications received from the registered manager and we checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public. We contacted the local authority safeguarding and contracts teams and Healthwatch for their views on the service. The safeguarding team and healthwatch had no current concerns or information. The contracts team had recently visited and no issues had been raised.

On the day of our inspection, we spoke with nine people who lived at Crossways, the registered manager and four members of the staff team.

Is the service safe?

Our findings

People we spoke with said they felt safe at the home. Comments included “Yes, you’re quite safe here” and “I feel safe here.”

We had concerns regarding the registered manager’s compliance with the safeguarding procedures. We noted that a safeguarding referral had not been raised with the local authority safeguarding team until four days after the registered manager was notified of the incident. We discussed this with the registered manager, and asked them if they were aware of the local authority safeguarding procedures. She confirmed she was aware of them but had taken advice from a colleague and not initially reported the incident. She had started to investigate the matter which could have potentially contaminated evidence. Under the local authority safeguarding protocols an alleged incident must be reported as soon as possible and initially only brief details of the incident recorded.

We spoke with people who used the service and they made several comments regarding the running of the service and any concerns they may have. People said “I am keeping my head down”, “it’s not what is going on now.....it’s what going to happen later, that’s the thing”, “You get classed as a trouble maker and then they (staff) don’t talk to you.” Other comments included “I’ve seen a lot in my life.....but you learn to be quiet” and “I see a lot going on, that I don’t like.” It appeared that there was a culture of silence and nervousness amongst the people who lived at the service. We observed that people seemed to show concern that they were not singled out or seen to do or say something that might draw attention to themselves

During discussions with staff they confirmed they understood different types of abuse and gave examples of these, such as “money being held from them” and “bruising, scraping, marks....things like that.” They said if they suspected abuse then they would report it to “the senior on duty and it would be documented to the manager”. We saw from the training matrix that staff had received safeguarding awareness training during the last year. Staff had also undertaken the home’s full safeguarding course.

We found that the registered person failed to operate effectively the safeguarding procedures that it had in place to protect people. This was a breach of regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the rotas for the home over a month period. We noted that up until the current week there had been three care staff and one senior care staff on during the day. However the care staff had been reduced to two. The registered manager explained this was due to there being less people currently living in the home, and that the staffing levels were in line with the registered provider’s guidance. The care team were supported by ancillary staff which included a cook, domestic supervisor, domestic assistants, maintenance assistant and activities coordinator. We saw that there were a total of 11 staff on duty during the inspection visit, this included the registered manager and the home services manager. Staff had raised concerns that there was not enough time to sit and talk to people and this is reflected in the comments from people who lived at the home who said “No, there could be a few more”, “There are not enough staff, but they are lovely” and “No, not that you’ll get any but I think no matter where you are you need more staff.” We saw there were staff available to support people, however, it was felt at times, the staff team were not well deployed to meet the needs of people who used the service. For example during the meal time there were two staff supporting people, however there were a total of 11 staff on duty in the building. If some of the other staff had helped serve meals this would have improved the dining experience for people who lived at the service.

We looked at the recruitment files of four staff and discussed with staff their experiences of recruitment to the service. We found the staff files to be clearly documented, well maintained and all the necessary information was available. This included an application form, taking up two references from previous employers and a Disclosure and Barring Service (DBS) identity check. Therefore people were supported by staff that had received appropriate checks to ensure that they were suitable to work in a care setting, prior to them starting to work at the service.

We found that the home was mostly clean and hygienic. We noticed there was an unpleasant odour in one area of the home, which we reported to the registered manager. They said they had not noticed this, but would look into it. We

Is the service safe?

saw that cleaning check lists were in place to help ensure that home is kept clean. Equipment was well maintained and serviced regularly which ensured people were not put at unnecessary risk. Copies of certificates were kept on the computer. We discussed this with the home services manager as staff did not have access to information when the management team were not on duty. They said they would set up a file for this information, for ease of access to the documentation.

We looked at the medication processes in place. The care team leader was responsible for administering medication on each shift and they explained that a monitored dosage system was used and most of the medication was administered during the morning round. The Medication Administration Record (MAR) sheets were signed when medication was given. We saw that a photograph of the person was kept with the MAR sheet and a copy of the homely remedies that the individual may have was also included. This had been signed by the GP. Medication was stored appropriately and we saw that records of the temperatures in the medication fridge and stock room were kept. We saw that controlled drugs were appropriately stored and recorded. Controlled drugs balances were checked on a regular basis, the last check was undertaken on 27th March 2015. We asked the staff

about the medication administration system and they said “It seems to work” and about training, they said “We have medication training and regular medication review audits.” The registered provider had a policy on the safe and secure handling and administration of medicines, which was available to the staff team. The three-monthly medication audit of March 2015 noted that “codes” used on medication administration record sheets (MAR) were not being used correctly and controlled drugs were not being signed for when administered to the individual. We did see that the provider’s trainer had instructed the staff in medication refresher training, following this audit. A weekly medication audit was introduced and in April it showed a range of issues noted including the lack of signatures on the MAR sheets. This meant that there were still concerns regarding the administration of medication and that although staff had received refresher training, issues were still evident in this area. Therefore the registered manager had not ensured that staff were competent to administer medication to people who used the service.

We would recommend that the registered provider follow the current NICE guidance in respect of ensuring staff are competent to administer medication in a safe manner.

Is the service effective?

Our findings

We spoke to people about if they were involved in decisions about their care. People commented on the support they received and said “The staff are lovely”, “You’re well cared for really” and “The staff are alright.”

Staff undertook a range of training that included moving and handling, fire awareness, safeguarding, infection control and food safety. We saw the computer based system for recording dates staff had attended training. The system highlighted in “yellow” two months before a course was due to be undertaken and went to “red” when the course was overdue. We saw there were several areas when “red” warnings were displayed across courses for moving and handling, fire awareness, infection control, first aid, and food safety. In total 11 out of 33 staff had one or more outstanding training sessions not completed. We saw that the cooks food safety certificate were both out of date. The cook on duty confirmed that they were overdue with this course. We asked the registered manager about this and she said “They just hadn’t completed the course.” This meant that although the registered provider had a good system in place for monitoring the training needs of the staff, this was not followed through by the registered manager. Therefore some staff training had not been kept up to date.

We found that the registered person failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with said that their healthcare needs were met. They said “I can have the doctor when I need them.” People said they would tell a member of staff if they were unwell or in pain. The care records showed that a wide range of healthcare professionals visited the home. These included the GP, district nurse, dentist, opticians, continence advisor, and chiropodist. This helped ensure that people’s health was being monitored and that they had access to other professionals.

People had their needs assessed prior to them moving into the home. Within the care plan documentation we saw an initial assessment, care plan and an admission checklist. The information gathered included next of kin; GP details;

past medical history; and details of support required. Where a person had specialist needs, these were included in the plan. For example one person was at risk of falling in the night and they had a pressure mat by the bed to alert staff when they got out of bed.

We saw that staff sought the opinion and consent of the people whilst carrying out care tasks and gave them choice. The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests> DoLS are part of this legislation and ensures that where someone may be deprived of their liberty, the least restrictive option is taken. The registered manager said she had submitted five applications to the supervisory body for DoLS and that two of them had been granted. She was waiting for the outcome of the others. CQC had received notification of the DoLS applications that had been granted and we saw that staff followed the details of the DoLS with the individual. We saw that guidance was available regarding MCA 2005 and DoLS and that these had been referred to in other policies such as ones relating to safeguarding adults and medication administration.

We observed the care and support provided at lunchtime. We saw the tables were appropriately laid with cutlery, glasses and salt and pepper. This meant that people had the opportunity to add extra condiments to their meals or have a drink prior to the meal being served. The meal was served by the cook from the kitchen, this appeared to take a long time, with some people waiting over 30 minutes for their meal to be served. Although there were 11 staff in the building, only three were involved in the mealtime and we consider that if more staff had been deployed into this task then the waiting time would have been significantly reduced. The impact of using three people to serve the meal meant that people waited a long time to be served their meal. We observed that staff were attentive to people’s needs, some of whom needed assistance with eating. They talked to people in a friendly manner as they served the food.

People we spoke with were complimentary about the food. People said “Food’s good here”, “You can always have a

Is the service effective?

brew” and “You can have meals in your room.” There was a choice of meal and dessert available. People were offered three meals a day and were served drinks throughout the day. The care plans detailed risks associated with poor nutrition and hydration and were identified and managed as part of the care planning process. The home had a three weekly rotational menu. The chef knew of people’s likes and dislikes and any special dietary requirements. We discussed with the registered manager the concerns we had with regard to the length of time it took for food to be served and they agreed to look into this. It was suggested that the process of serving meals be reviewed to ensure people are not kept waiting for long periods before the meal is served.

We spoke with staff about the induction process. They confirmed they had undertaken an induction at the start of

their employment one person was asked if the induction was sufficient and they said “Yes, more than enough.” We discussed the induction process with the registered manager and she explained that the initial part of the induction was undertaken over two days. The new member of staff was allocated a mentor and the end of the probation period was six months after the start date. Once the two days had been completed the staff member worked through the rest of the induction package. The registered manager said that new staff members also worked supernumerary to the staff team for about 70 hours. The induction process was usually completed over the first six weeks and this was signed off by the employee and line manager at the end of this period. Staff files showed completed induction documentation.

Is the service caring?

Our findings

People told us that their privacy and dignity were respected and maintained. They said “Oh yes, yes” and “yes I am well supported.” All the people we spoke with commented on the kindness of the staff. People said “The staff are lovely” and “The staff are nice.” Staff we spoke with were knowledgeable about the needs of the people they supported. They gave examples of how they support different people and acknowledged the different needs of individuals.

Some people we spoke with commented that they had been involved in the initial care planning process. One person said “I know what is going on, they don’t keep anything from you.” Some people couldn’t remember if they had been involved in the care planning process, but all the people we spoke with said they were satisfied with the care and support they received.

The staff knew people’s needs and this included their preferences, likes and dislikes. They had formed good relationships with people and this helped them understand and support people with their individual needs. People told us they were provided with an escort to hospital appointments, and one person commented “If needs be, yes.” During discussions people confirmed that there was always somebody around and that the manager is available.”

People were provided with information about the service. This included a document called “Your guide to living at Crossways” and the statement of purpose. These documents included information about the registered provider, registered manager and staff team, and also included general information about the service, and what people could expect from the service. We saw that details of how to make a complaint were also included in the guide. We noted that the information regarding the registered manager was not up to date. This meant that people who used the service did not have current and up to date information. However, this was brought up to date by the end of the day of the inspection.

The registered provider had a range of policies and procedures in place with regard to what was expected of the staff team. These included the registered provider’s code of conduct; General Social Care Council code of conduct; creating a good impression and confidentiality. These helped to make sure that staff understood what the provider expected from them. Details of these policies and procedures were contained within the staff handbook. Staff confirmed they were aware of these policies and procedures and where they could be found. The registered provider also confirmed these were covered within the induction process.

Is the service responsive?

Our findings

People we spoke with said they were happy with the care and support they received. Comments included “I am happy with the care I receive” and “I get the support I need.” During the inspection we saw the staff interact with the people who lived at the service. We undertook observations during the day and we saw that staff were responsive to people’s needs. However, We saw one person say to a staff member that they were hungry and thirsty, the staff member said “It would be soon time for a cup of tea” but made no attempt to give them food or drink at that time. This meant that staff did not respond quickly enough to this person’s needs and they were left feeling hungry and thirsty.

During our observations we noted that staff completed care tasks with people however, they didn’t have time to sit and talk to them and most of the interactions appeared to be task-led. Staff said that they were always busy and there was a general feeling from the staff that there was not enough time to do tasks required. Some staff we spoke with felt that they were not doing their job as well as they could do. One staff member put this down to having a new manager and “people not taking to change well.”

The care plans and risk assessments we looked at provided staff with basic information about the people who lived at the service. We found that the plans had been reviewed on a regular basis. This meant that staff had up to date information about the people they supported. We saw a range of risk assessments in place, which were up to date and covered a range of activities. These included moving and handling, falls prevention, nutrition and pressure area care. These identified hazards that people might face and how staff should support the person to manage the risk of harm. We saw on one plan that where someone had a risk such as fragile skin that staff had been instructed to reposition this person every two hours, and a chart was in place to record this information, which we saw. Another person had support with maintaining continence and advice had been sought from the continence nurse. We saw on one plan that concerns had been raised by staff in the daily notes about a person who smoked. However, a risk assessment was not in place. The registered manager said

they would address this issue, to ensure staff were aware of how to support the person to manage this risk. People’s care plans had been reviewed on a monthly and annual basis and these reflected people’s needs and wishes.

Within the care plans we saw staff recorded daily notes on the “progress record” regarding people who lived at the service. We saw good, well written information had been recorded which included personal care tasks that had been completed and also information on the health and well-being of each person.

Some of the people told us they would approach the management if they had any concerns or complaints. When asked if they had any complaints some people said “No, not as such”, “all round pretty good. ...it’s a good home” and “None at all.” However some people we spoke with were hesitant of speaking to us and indicated that there could be repercussions if they spoke out. This led us to believe that with some people who used the service there appeared to be a culture of silence. We asked if they had a copy of the complaints procedure and one person said “No, not really” but “I know what’s going on.” We spoke with staff about what they would do if someone raised a concern or complaint with them and they said they would explain to the person they would have to pass in the information on and would then inform the senior leaders of the concern or complaint. We saw details of how to make a complaint was included in the “Your guide to living at Crossways” document. It had details of the process to be undertaken in the event of a complaint being made and contained all the necessary information required. Having access to the complaints procedure helped ensure that people’s views would be listened to and acted upon. The service had received two complaints since the last inspection. We saw the documentation relating to these and found the procedure used followed the information within the complaints policy.

People who used the service said they enjoyed the bingo sessions and the entertainer. People commented “Yes there are activities if you want to”, “They are very good” and “All pretty decent.” One person said the activities coordinator was “Very good.” We saw activity boards both upstairs and downstairs which showed the activities planned for the week. The activities coordinator explained she worked 25 hours a week. However during that time she also undertook some caring duties when needed and escorted people to hospital and GP appointments. She

Is the service responsive?

acknowledged that this took her away from the activities tasks. A meeting with the people who lived at the service was planned for each month however, the last one was undertaken in September 2014. Recent ones had not taken place as she had been asked to undertake other tasks. The registered provider employed an entertainer each month and evening sessions of bingo was played each week. Within the care plans we saw that the activities coordinator documented what each person had undertaken during a monthly period. We saw information reported in the

activities section of the care plans for February 2015, which showed people had enjoyed entertainers who had visited the service, and other activities that had been available during the month. The information in the care plans for March had not been completed and the activities coordinator confirmed she had not completed this due to being asked to undertake personal care and escorting duties. This meant that people who lived at the service did not always receive activities that had been planned.

Is the service well-led?

Our findings

At the time of this inspection visit the registered manager had been registered for nine months. She has worked for the registered provider for 15 years.

We spoke with people who lived at the service about meetings they might have about the service. One person said “No...not as such.” A meeting was held in September 2014 and during this people who used the service discussed with the activities coordinator the décor and maintenance of the home. It was recorded that people were happy with this. They discussed the food and menus and one person said “More pasta would be good.” It was also recommended that menus be placed on each table but during our visit we noted this had still not been actioned. Discussions were held regarding activities and more exercises were requested as well as external activities. It was acknowledged that evening entertainment was a problem. We discussed with the activities coordinator the fact that a meeting had not taken place for seven months and they said “The meetings are planned monthly in the diary, but often I am asked to do other tasks and then they don’t take place.” This meant that activities were not always undertaken as planned.

The care staff team seem to be task-led with little or no time for other activities with the people who lived at the service. This meant that from people’s views the service did not promote a positive culture that was person-centred. We discussed our concerns regarding the culture of the service with the registered manager at the end of the inspection visit and they said they were concerned that people felt this way. They said they would look at and address these issues.

We spoke with the staff team and they confirmed that their colleagues were supportive to one another. A member of

the ancillary staff team commented “I can’t complain, we have a good manager for our team, the home services manager.” We discussed with the staff team the new registered manager and staff commented “When we have a new manager it’s always different”, “Staff don’t take to change well” and “The new manager seems to be having a few problems with the staff.” The ancillary staff were managed by the home services manager and staff we spoke to were complimentary about the support they received from them. However, the care staff team were supported by the registered manager and staff told us they didn’t feel supported by her. This meant that from discussions with staff good management and leadership was not demonstrated during this inspection visit.

A range of audits were seen during this inspection. They included audits on ensuring people’s personal care was undertaken; mealtimes; health and safety; and care plan documentation. We noted that these audits were up to date.

We saw that the registered provider had undertaken a MORI survey which was completed in February 2015 and is undertaken on an annual basis. The survey showed that people were happy with the care and the support received from the staff and that they felt they had a good quality of life.

We noted that some staff had attended meetings however, the care staff had not met together since 2013. The care team leaders had a meeting in January 2015 but the one planned for March was cancelled due to annual leave and sickness. No further meeting had been planned. This meant that the registered manager had not ensured that staff had the opportunity to attend staff meetings to enable them to discuss issues regarding the running of the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: We found that the registered person failed to take the appropriate action and ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.</p> <p>Regulation 12 (2)(c)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met: The registered person failed to take the appropriate action and failed to follow procedure. It did not ensure that the people who used the service were protected from the risk of abuse and improper treatment.</p> <p>Regulation 13 (1) (2)</p>