Serenity Homes Limited

Edgecumbe Lodge 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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 7 and 8 June 2016 and was unannounced. There were no concerns at the last inspection of May 2014. Edgecumbe Lodge is registered to provide accommodation for up to 21 older people. At the time of our visit there were 20 people living at the service.

The registered manager had recently left the service. The Directors were actively recruiting at the time of out inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Previous poor management of the service and the lack of the provider's oversight meant that a significant number of improvements were required to ensure that people were kept safe. People were not protected from the risk of cross infection. This was because appropriate guidance had not been followed. People were not cared for in a clean, hygienic environment. People had personal evacuation plans in the event of an emergency, but they were out of date and did not reflect how to protect people if there was a fire. There were some areas where safety was compromised because of the environment.

The arrangements in place to ensure that the service was well led were unsatisfactory. Monitoring the quality of the service had lapsed; audits had not been consistently applied and were not robust enough to ensure quality and safety. People's views and experiences were not sought through quality assurance systems. The provider lacked knowledge and understanding about their legal obligations.

The provider and Directors had identified a deterioration in the service provision earlier this year and it was acknowledged that significant improvements had been made. This included promoting a person centred approach to care, improved effective training and increased supervision and support for staff. Staff were keen to share their views about the service and what it was like to work there. All staff were feeling positive and supported and welcomed all the new initiatives being introduced. One relative said, "Despite recent problems I do feel that the home has that family feeling and staff care about the people they support".

People were helped to exercise choices and control over their lives wherever possible. Where people lacked capacity to make decisions best interest decisions had been made. The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented to ensure that people who could not make decisions for themselves were protected.

People received a varied nutritious diet, suited to individual preferences and requirements. Mealtimes were flexible and taken in a setting where people chose. Staff took action when people required access to community services and expert treatment or advice.

People enjoyed receiving visitors and had made friends with people they lived with. They were relaxed in

each other's company. Staff had a good awareness of individuals' needs and treated people kindly. Staff were knowledgeable about everyone they supported and it was clear they had built up relationships based on trust and respect for each other.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not protected from the risk of cross infection because appropriate guidance had not been followed. Some areas of the home were not clean and hygienic.

Some areas of the home were not safe and people were put at risk.

Information about how to protect people in the event of an emergency was not up to date.

There were enough staff on duty to support people safely.

Risks to people's had been assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

The home and gardens required improvement and people were not involved or consulted in making decisions about where and how these should be made.

Staff were encouraged and keen to learn new skills and increase their knowledge and understanding

People made decisions and choices about their care. Staff supported people who were unable to make choices themselves and, to make decisions in their best interests in line with the Mental Capacity Act 2005.

People had access to a healthy diet which promoted their health

and well-being, taking into account their nutritional requirements and personal preferences.

The service recognised the importance of seeking advice from community health and social care professionals.

Is the service caring?

Good

The service was caring.

The staff were caring and kind, they wanted people to experience good person centred care and remain as independent as possible.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

Staff identified how people wished to be supported so that it was meaningful and personalised.

People were encouraged to pursue personal interests and hobbies and to join in activities.

People were listened to and staff supported them if they had any concerns or were unhappy

Is the service well-led?

Requires Improvement

The service was not well led and improvements were required.

Effective quality monitoring systems were not in place. Feedback had not been encouraged by people who used the service.

Audits were not being completed to regularly assess the quality and safety of the services provided.

The service had not always notified us of events as required by law.

Edgecumbe Lodge 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This service was previously inspected in May 2014. At that time we found there were no breaches in regulations. This inspection took place on 7 and 8 June 2016 and was unannounced. One adult social care inspector carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

During our visit we met everyone living at the home, visiting family members and a community health care professional. We spent time with the provider, directors of the company and all staff on duty. We looked at five people's care records, together with other records relating to their care and the running of the service. This included staff employment records, policies and procedures, audits and quality assurance reports.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe. On the first day of our inspection we looked at the environment. People were not protected from the risks associated with cross infection because appropriate guidance had not been followed. We saw evidence where parts of the home were not clean. In some areas the interior fixtures, fittings and furnishings were not in good physical repair and could not be effectively cleaned. Although surface areas were clean, deep cleaning was required in some parts of the home. There were no cleaning schedules.

The conservatory ceiling had blinds which had not been pulled back for some time. Dead insects, dust and cobwebs had collected on the blinds and could be seen hanging from the overhead light/fan facility. The UPV frames had black mould on them. Beneath the ceiling was a dining table and chairs and we saw two people use this room to eat their meals.

Radiators were covered with secured wire guards to protect people from scalding themselves. Because of the guards design, dirt and dust had collected behind them and without unscrewing them from the walls these areas could not be cleaned. The radiator between the kitchen and the dining was particularly dirty and crumbs and food stuff had collected.

Surface cleaning in bedrooms was good; however some areas such as vanity units were in poor repair. The melamine had broken off and exposed rough porous chipboard. Bath hoist seats were rusty in places where the plastic coating had peeled away, the undercarriage of the seats were stained. Effective cleaning was compromised in these areas and could harbour germs.

Although the bathrooms were surface cleaned, some areas of the bath hoists were rusty and the undercarriage of the bath hoist seats were stained. Other potential risks to cross infection and poor cleanliness included carpeted toilets and bathrooms and wooden porous toilet seats. There were no sluicing facilities in the home so staff carried commode pans through the home to be emptied in communal bathrooms and toilets.

One toilet facility on the main floor put people at risk. This was used by people throughout the day. The hand wash basin was situated outside of the toilet. This meant that people would be using the door knob and touching other surfaces before actually being able to use wash hand facilities. Some people had dementia and could potentially forget to wash their hands once they had left the toilet.

Although the chef and cook completed surface cleaning they did not have enough allocated time to complete deep cleans. The kitchen was predominantly made of stainless steel but there were areas that were rusty and could not be cleaned effectively. In addition to this action had not been taken following an inspection by the Environmental Health Officer. The service was required to fit net screens to the kitchens windows but this had not been done.

Infection control audits had not been completed. The provider was not following the Department of Health,

Code of Practice on the prevention and control of infections, or other relevant guidance.

This was a breach of Regulation 12 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

People had personal evacuation plans in the event of an emergency. However they had not been signed or dated by the person who had written them and we didn't know how current the information was. We identified two people whose needs had changed regarding their mobility; their records did not reflect how they would be kept safe in the event of a fire or evacuation process.

This was a breach of Regulation 12 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

People did not always have enough electrical sockets, extension leads with extra sockets had been put in place. The leads were trailing and had not been safely secured in order to avoid trips and falls. People had to access the back garden by walking over a large concrete area. This area was cracked, rubbly and very uneven in places. It was particularly a hazard for people who required assistance due to poor mobility and those who used walking aids.

This was a breach of Regulation 12 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

Staff were kind and protective about the people they cared for and they wanted people to feel safe and happy. They confirmed they had received safeguarding training and had access to safeguarding policies and procedures Information was available for staff about who to contact should they suspect that abuse had occurred. We saw a letter sent from a trainer that had visited the home in April. In the letter they explained that whilst at the home a member of staff had raised and reported concerns about a potential safeguarding issue to the provider. They said, the provider took action immediately and it was found that the concerns had indeed already been actioned and reported by the management team. The trainer wanted it to be acknowledged that the staff member had acted correctly and with integrity.

Written accident and incident documentation contained detail about the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. We were told about one person who was prone to falls, staff had considered the environment to see if risks could be eliminated for example moving furniture and looking at flooring. The person's family were also looking at alternative footwear.

Staff knew about specific risks relating to people's health and well-being and how to respond to these. This included risks associated with weight loss, maintaining skin integrity and difficulty with swallowing and potential choking risks. People's records provided staff with information about these risks and the action staff should take to reduce these.

There was a calm relaxed feel on the days that we visited the home. Staff were assisting and supporting people at their own pace and they responded promptly to people's requests for support. People, relatives and staff felt the staffing levels were adequate. One member of staff felt that the leadership, improved routines and teamwork had helped them to deliver care more effectively. It had also helped to ensure people's wishes were respected in how they wanted to live their lives, particularly with their preferred daily routines. Another staff member said, "Things have improved around staffing, we have new staff which has

helped with continuity and we are using less agency". Additional staff were rostered to help support people who may require one to one support and for those who required escorts to hospital/GP appointments.

Staff files evidenced that safe recruitment procedures were followed. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Policies, procedures, records and practices demonstrated medicines were managed safely. There had been no significant errors involving medicines in the last 12 months. Staff completed safe medicine administration training before they were able to support people with their medicines. Staff were observed on all medication rounds until they felt confident and competent to do this alone. The deputy completed practical competency reviews with all staff to ensure best practice was being followed.

Requires Improvement

Is the service effective?

Our findings

The service was not always effective. The service deployed 10 hours maintenance cover per week. This only accommodated urgent repairs and health and safety checks. The environment and gardens required improvement. There was no rolling programme for planned and continued up-keep of the home. People were not involved or consulted in making decisions about where and how improvements should be made.

Some areas of the home particularly bedrooms lacked a personal touch and looked institutionalised. A vast majority of the bedrooms had a vinyl floor covering, of the style predominantly used in care home bathrooms and hospitals. People had not been asked when they moved into the home if they would prefer carpet flooring in their rooms. Where carpets were in place they were stained. Curtains had hooks missing so could not hang properly and those bedrooms that had blinds were broken. The home was looking tired and in need or redecoration. In some areas wallpaper had been scuffed off the walls revealing plaster. Paintwork was badly chipped. Some double-glazing had blown which meant condensation accumulated between the panes. People could not see out of these windows effectively.

Recently the provider and staff had looked at improving communal rooms so that people would use them more and this had been a positive move. Some areas still compromised people's living space. One dining room which was very popular with people was also used to store food and house large fridge freezers. The room didn't create an ambience that was conducive to a pleasant dining experience.

This was a breach of Regulation 15 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

New staff had an induction programme to complete when they started working at the home. The programme consisted of 15 modules to be completed within three months and was in line with the new Care Certificate introduced for all care providers on 1st April 2015. A mentor system was also in place where all new staff were linked with and shadowed a senior staff member during shifts. This was to assist with continued training throughout the induction process and to consolidate their learning.

Two staff had been recently recruited and we spoke with one of them about their induction and their views and experience so far. They told us they felt they were treated like an individual; they were making new friends, building on their knowledge and confidence and learning something new every day. They explained their induction as helpful including getting to know the 'residents' and receiving supervised practice until they felt competent to work alone. The deputy told us, "The new care staff are lovely and enthusiastic, I have enjoyed being part of their induction".

At the beginning of the year it was identified that training updates were out of date and staff had received little training in the previous year. This had been addressed and over the past six months all staff had attended many courses and updates. Staff were feeling very positive about this, they felt the updates had 'refreshed their knowledge and they had learnt new things'. One staff member told us, "I don't want to stop training. The dementia course was very helpful. I understand more about how they may be feeling and how

their anxiety may increase because they are scared or frightened. I know how to support them when they show signs of distress". Staff had enjoyed the different approaches to learning for example practical sessions, group discussions and work books. One staff member felt the trainers were 'engaging and held my concentration'. Courses to date had included, health and safety, infection control, safeguarding, dementia awareness, medicines, moving and handling, catheter care and continence awareness and equality and diversity.

Staff felt supported by the temporary management structure, team leaders and other colleagues. Additional support/supervision was provided on an individual basis and these sessions were formally recorded. Supervisions supported staff to discuss what was going well and where things could improve, they discussed people they cared for and any professional development and training they would like to explore. There were regular staff meetings as an additional support network, where they shared their knowledge, ideas, views and experiences.

Staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. Staff understood its principles and how to implement this should someone not have mental capacity and, how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

There were no restrictive practices and daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home, socialising together and with staff and visitors. They chose to spend time in the lounges, various seating areas, the dining room, their own rooms and the garden. All staff we spoke with recognised the importance of promoting choice. One staff member said, "It's always important to offer choice even if they don't fully understand, it's a sign respect".

People told us they liked the food and they chose what they had to eat. People were asked after each mealtime if they had enjoyed their meal. Menus reflected seasonal trends and meals that people had chosen were traditional favourites. The chef knew people well including what they liked to eat, allergies, special requirements and portion sizes. They communicated with staff if they felt someone had lost their appetite and didn't seem to be eating well. Mealtimes were flexible wherever possible and people were supported if they wished to receive meals in their rooms. The dining rooms were popular with people and they enjoyed dining together. Where people required assistance, this was provided with a peaceful, calm approach, at their own pace, with clothes protected where requested.

Weights were checked monthly but frequency increased if people were considered at risk. Referrals had been made to specialist advisors when required. This included speech and language therapy when swallow was compromised and GP's and dieticians when there were concerns regarding people's food intake and weights.

Staff recognised the importance of seeking expert advice from community health and social care professionals so that people's health and wellbeing was promoted and protected. One person had recently been referred and assessed by an occupational therapist for specialised seating equipment. They ensured everyone had access to primary care including routine checks, GP call outs and access to emergency services. People were supported to register with GP's and dentists of their own choice. Opticians and dentists were accessed to provide regular check-ups and treatment where necessary. We saw two occasions during our visits where staff had called for GP visits because people were poorly. The deputy felt they had

good relationships with GP's, community and hospice nurses and staff felt supported.

Good

Is the service caring?

Our findings

The service was caring. We were introduced to people throughout our visits and we spent time observing them in their home. The atmosphere was relaxed and people appeared comfortable and settled in their surroundings. We received positive comments about staff which included, "The carers are very nice and I always feel very welcome", "The staff are good they always have time for me" and, "I do watch them interact with people and they are very patient". We saw a recent written comment by a relative who stated, "The staff provide a caring, compassionate support which is tailored to peoples needs".

There was a comments book in reception where visitors to the home could leave a compliment or a brief summary of their visit experience. We read the two most recent entries which stated, "Every member of staff I met today has been so kind and friendly" and, "Thanks to all the staff for their kindness and patience with mum, it's greatly appreciated".

One relative we spoke with told us about how they were supported as a family by the staff. They felt staff attributes included, patience, respect, kindness and friendliness. They said, "I cannot fault them for what they do for mum, it reassures me when I leave after my visits. I want mum to be happy and they do everything to reassure her and keep her settled".

Staff approach to care was to encourage independence wherever possible in all aspects, including personal affairs. One staff member told us, "I have one person in particular that I support who doesn't like it if I do too much for him". One person chose to go out independently every day and preferred to eat out rather than receive meals at the home. Staff respected his request for privacy and there was a mutual understanding about how much actual intervention this person wanted and would accept.

We asked staff what they thought they did well and what they were proud of. Comments included, "It's a small home and I think that's the key, care is individualised", "I am really enjoying working here and I treat people as if they were my family" and, "It's been a difficult time lately but we always try our very best for the residents. I see staff treat people in a very caring sensitive way".

Some of the care documentation reflected how staff felt about people and emphasised genuine, caring feelings. For example we read phrases such as, 'enjoys serenading people with his beautiful voice and, 'she is always happy and has such a beautiful smile'. Staff were in the process of developing profiles based on 'This is me'. These were promoted by the Alzheimer's society for those people with dementia. The information gathered lends itself to a person centred approach for any person who wants to receive individualised care and is widely used in the care sector.

The service promoted keyworker roles to encourage an enhanced personalised approach. The keyworker role provides a link between the service, the person and their family and focuses on liaising with different professionals or disciplines in order to ensure the services work in a coordinated way. Staff were descriptive about the people they supported and their knowledge of their needs both physical and emotional was good. Every effort was made to match the right member of staff with the right person to ensure the

keyworker role was meaningful. They considered personal preferences and interests, age, personalities and experience, partnering was reviewed to ensure they remained effective. One staff member spoke about the two people they supported and said, "They are both very lovely people, they remind me very much of my own grandparents and I love helping them and spending time them. When I leave work feeling happy I know I have done the best I can".

Staff wanted to help promote effective relationships between people, staff and visitors. Staff had written colourful, eye catching personal profiles about themselves to share with people and their families including photographs. They wrote about what they considered their best qualities such as, 'passionate, nurturing, mature, patient and reliable'. They also shared things that were important to them for example, family, achieving set goals, staying healthy and caring in a person centred way. The profiles also informed colleagues about how they wanted to be supported when at work and wrote 'be positive, give clear explanations of expectations and help me stay focused'.

Good

Is the service responsive?

Our findings

An independent review had taken place in February 2016 by a nurse who worked in one of the providers other services. In their report they concluded the care plan system was 'ineffective, outdated and unduly complex. The process was lengthy and staff held no accountability or responsibility'. The plans had not contained enough information to provide staff with guidance on how to support people whilst respecting their wishes and personal preferences. In order to address this people and their families had been invited to review all the information held to help support a new process. The information collected had improved the overall quality of the care plans and staff were refining the details to capture a person centred approach. Staff were also enrolled on a 16 week course learning about a person centred approach to help equip with the necessary skills to complete this work effectively.

Although this was 'a work in progress' progress, we found staff were knowledgeable about people's lives prior to moving to the home. This included their likes, dislikes, personal preferences, important people and significant events. They had also considered people's emotional needs and how they required support with this. The written content reflected a patient, calm approach. One person had become resistive to receiving personal care due to a decline in their dementia. Staff knew the person well and that they loved listening to music and singing. Having identified this staff found that by encouraging the person to sing or indeed singing with the person they were more receptive to receiving care.

New resident profiles had been introduced to help support agency staff; however these had also helped all staff in the home. New staff had said they were 'very helpful'. Each profile provided just the right level of detail including personal background, likes, dislikes, medical history and the level of care required for making choices, mobility, continence, personal care and eating and drinking. They were a quick reference guide and were very personal to each person.

Currently the care staff were responsible for arranging and providing activities on a daily basis. The directors and staff had identified that this needed to be reviewed and that although there were some meaningful activities available there was 'room for improvement'. There were some activities that people really enjoyed and these would remain. This included board games, bingo, quizzes, exercise classes and reminiscence therapy. Staff also arranged movie days and beauty therapy sessions. Musical entertainers were booked every two weeks and 'pat the dog therapy' was also enjoyed by people. New initiatives were being introduced including arts and grafts, a gardening club, mobile library, colouring in therapy for adults, crossword and Sudoku sessions and more 1-1 time with keyworkers. Staff were also exploring activities for those people who had dementia. We saw some examples of aprons that people had decorated. The aprons were made by people with support from staff, they were tactile and different coloured wools, material and buttons had been used.

People said they enjoyed small trips to local shops, cafes and parks. They wanted to go on more trips and further afield, however the homes 17 seater mini bus had been 'out of action' for some time and arrangements had not been made for its repair. This had now been resolved and people were being asked to think of places they would like to visit for the remaining year.

People did feel they were listened to and staff helped them if they had a concern or wanted to make a complaint. One new initiative had just been introduced where people were able to leave concerns and suggestions in a locked box in reception. Staff were hoping this would be another way people would feel supported and in confidence. There was a complaints log which gave a brief account of the complaint, the action taken and the outcome. There had been eight complaints raised since January 2016. These had been approached sensitively, thoroughly investigated and resolved successfully.

Requires Improvement

Is the service well-led?

Our findings

The service was not well led. The inconsistencies around management presence and oversight meant that some previous practices around quality assurance and audits had lapsed. Audits help to assess and monitor the safety of the services provided. For example, there were good systems to record accident and incidents but, these were not audited. There was no evidence of learning from incidents that took place, so that appropriate changes could be implemented. Audits would have helped identify any trends to help ensure further reoccurrences were prevented.

Provider visits took place but they did not capture where improvements were required. They needed to be more robust in order to support people who used the services. Often during their visits they would rely on hearsay rather than checking things out for themselves. Auditing of the service and facilities was not effective or sufficient. In some cases particularly around infection control and the environment there were no audits in place.

The provider was not actively seeking the views of people, relatives, staff, visiting professionals or commissioners about their experience and the quality of care delivered by the service. This had previously been achieved by sending questionnaires, followed by analysis and any action/response required based on the information received.

This was a breach of Regulation 17 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

The service had not always notified us of events as required by law. We identified two occasions in the previous month where safeguarding concerns had been raised; each had been reported to other professionals but not to the Commission. We spoke with the provider about this and underlined their responsibility to submit notifications as required by law.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Options around a management structure were still being considered. In the meantime a team consisting of the provider, a director, a quality and compliance administrator and a deputy manager had been put in place. Recruitment for a manager continued. We met with the team following our visits to provide feedback and to talk about the future of the home. There were open, honest discussions from the provider and the whole team were regretful about how the service had declined in areas around safety and quality. An action plan was being developed and some ideas were shared with us at the meeting. To continue to keep up to date with current legislation and requirements the service was in the process of implementing a new 'Care Quality System'.

Staff felt the culture of the service was changing and the leadership had given them a sense of purpose. The management approach had been more consistent and staff had a greater understanding of their roles and responsibility. Staff told us they were feeling 'happy and motivated'.

Staff meetings had been increased in light of recent changes in the home. This was to help ensure effective communication for the whole staff team and so that everyone could contribute to how the service could move forward and improve. One staff member said they looked forward to the meetings and welcomed the opportunity to share ideas and express opinions and views. Another staff member said, "Our involvement has made us feel valued and supported".

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The service had not always notified us of events as required by law. Regulation 18 (2) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with cross infection and appropriate guidance had not been sought or followed. Regulation 12 (2) (h) People were at risk of harm because some parts of the environment were not safe. Regulation 12 (2) (d) People were at risk because Information about how to protect people in the event of an emergency was not up to date. Regulation 12 (2) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The home and gardens required improvement

	and people were not involved or consulted in making decisions about where and how these should be made. Regulation 15(1) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective quality monitoring systems were not in place. Feedback had not been encouraged by people who used the service. Regulations 17 (2) (a) Systems did not drive improvement in the quality and safety in some of the services provided, particularly around the infection control and the environment. Regulation 17 (2) (b)