Darlington Borough Council

Holicote

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

We inspected Holicote on 15 December 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Holicote is registered to provide accommodation for people who require nursing or personal care. The service provides respite care for up to five people with a learning disability who live in the Darlington area. The home is situated in the local community and is part of a housing complex. On the day of the inspection there were four people who were using the service.

The home had a registered manager in place. 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.

Staff were trained and understood the principles and processes of safeguarding.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers.

Summary of findings

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

People using the service and staff were not protected against the risk of exposure to a health care associated infection. This was a breach of Regulation 12 (Cleanliness and infection control); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Appropriate policies and procedures were not in place for the management of infection control. The home did not have an infection control policy, and measures were not in place to reduce the risks of contamination by safe methods of transporting contaminated items. Although the home had domestic staff in post there was issues raised by all care staff members we spoke with about the quality of their work. The registered manager agreed to address all these issues and following the inspection provided CQC with an action plan to remedy these areas.

There were positive interactions between people and staff. We saw that staff were kind and respectful. Staff were aware of how to respect people's privacy and dignity. It was evident staff knew people who they supported and cared for well. Relatives and carers told us that they were happy with the care and service provided.

The registered manager had been trained in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made, and how to submit one although talking to staff they said they weren't always sure what the process involved.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. People were also supported to use equipment they may need to maintain their independence whilst staying at the service such as adapted plates and cutlery.

People were supported to maintain good health and had access to healthcare professionals and services. Staff were aware of processes to follow should someone using the service become unwell.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained a good level of information and set out how each person should be supported to ensure their needs were met. We found risk assessments were sufficiently detailed and had been updated using a red, amber, green system that was easy and clear for staff to follow.

We saw people were involved in a wide range of activities whilst staying at the service. We saw staff engaged and interacted positively with people. We saw people were encouraged and supported to take part in activities.

Appropriate systems were in place for the management of complaints. Relatives told us the service manager and staff were approachable. Relatives we spoke with did not raise any complaints or concerns about the service.

There were effective systems in place to monitor and improve the quality of the service provided. Not all policies that were needed were in place at the service. There was no infection control policy or Deprivation of Liberty Safeguards policy. This meant staff could not be expected to follow correct and safe procedures if guidance was not in place for them to access. The service manager told us they were working through current policies to update them and to make them more relevant to the service provided.

Staff told us the management were approachable but it was apparent from issues such as the cleaning and recent emergency admissions that although management were aware of staff feelings, perhaps they had not acted quickly enough to allay staff concerns in these areas.

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?

Requires Improvement

The service was not always safe.

Staff had been trained in safeguarding procedures and could tell us about abuse and how to report it.

Staffing levels were sufficient to meet people's needs.. Recruitment checks were carried out at the local authority headquarters and we visited and looked at files which showed people were recruited safely.

There were policies and procedures to ensure people received their medicines safely. Some work was required to improve records in this area.

The home did not have a policy and procedures in place for the management of infection control. People were at risk from unsafe procedures to move contaminated items.

Is the service effective?

Good

This service was effective.

People were supported to have their nutritional needs met and mealtimes were well supported. Staff and managers knew how to liaise with healthcare professionals so that people's healthcare needs were met.

Staff were trained to meet the needs of the people using the service.

The registered manager had sufficient understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities. Some of the staff may require further training in this area to be more familiar with the process.

Is the service caring?

Good

This service was caring.

People's relatives told us they were happy with the care and support they received and their relative's needs had been met.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Is the service responsive?

Good

This service was responsive.

Summary of findings

People's care plans were reviewed on a regular basis and systems were in place to quickly identify if someone's needs had changed.

The service provided a choice of activities and locations and people's choices were respected.

People, staff and relatives were all aware of how to raise a concern or complaint and these were handled appropriately.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the manager to ensure any trends were identified and lessons learnt.

Staff and relatives all said they could raise any issues with the registered manager or the service manager but recent emergency admissions to the service had clearly caused some unsettling of the staff team which required further support from managers.

Policies were not always in place which meant staff were at risk of not having the correct guidance when working with people.

Regular visits were in place by the registered manager to audit the service but this required further work to ensure it was robust and identified the service was working safely.

Holicote

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 checked 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.

We inspected Holicote on 15 December 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting. We spoke to families and carers of people who used the service after the site visit by telephone.

The inspection team consisted of an adult social care inspector.

Before the inspection we reviewed all the information we held about the service. The provider completed a provider information return (PIR) which we received prior to the inspection. 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. After the inspection we contacted the local authority and social workers who placed people at the service to find out their views of the service.

During the inspection we spoke with three people who used the service and following the inspection with four relatives and carers. We also spoke with the registered manager, the service manager, and two support staff during the inspection and two staff after the site visit. Before the inspection we contacted the local authority and asked their views on the service.

We spent time with people in the communal areas and observed how staff interacted with people and how the care and support was delivered to people. We observed how people were supported to get ready for their transport to day service activities. We looked at four people's care records, two recruitment files at the Human Resources department of the local authority, the training chart and training records, as well as records relating to the management of the service. We looked around the service and saw bedrooms, bathrooms, communal areas and the garden.

Requires Improvement

Is the service safe?

Our findings

Staff we spoke with had a good understanding of abuse. We observed staff reassuring someone sensitively. People at the service appeared comfortable and happy with the staff supporting them.

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. Staff also told us they would report anything directly to safeguarding if a manager wasn't available. We looked at training information which showed that staff had completed training in regard to safeguarding which was updated regularly. This showed us staff had received appropriate training, understood the procedures to follow and had confidence to keep people safe.

We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns and in the previous year the registered manager has been pro-active in discussing any relevant issues with the Care Quality Commission.

All four care staff we spoke with during and after the inspection told us there were issues with the quality of cleaning by the two domestic staff. Staff told us; "It's not done the right way and you have to go over it again," and "Mops have been found in the wrong buckets." Another staff told us; "Yesterday I checked the bathroom with the cleaner after they said it had been cleaned. There were still hairs in the bath and soap scum and I said to them it hasn't been done." We raised this with the service manager who ran the service on a day to day basis. They told us; "I don't feel it's an issue, some staff want it to be too perfect and I check the cleaners are doing it right." We discussed this further with the service manager and the registered manager. We suggested that the registered manager gets further job coaching for the domestic staff to ensure that they are cleaning to the required standards and the registered manager agreed to do this straight away.

Many people using the Holicote respite service require support with continence needs. We saw there was no policy in place for how staff should manage soiled items and no safe way of transporting soiled items to the laundry to reduce any infection risk. This meant that staff and people using the service were at risk of acquiring a healthcare acquired infection. The registered manager said they would source red bags to ensure items could be carried safely and a policy would be written and shared with staff for the management of infection control. Staff training records in the home showed only one staff member had been trained in infection control back in 2011. The registered manager said they would source this straight away and confirmed to us after the inspection that this had been arranged with the local Infection Control Nurses.

Following the inspection the local Infection Control Nurse had informed us they had found similar issues at the service at a recent visit in October 2014. We were not made aware of this visit at the time of our inspection by the management.

The training information we looked at also showed staff had completed other training which enabled them to work in safe ways. This included fire, first aid and health and safety training, which we saw was regularly updated. Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency. They gave examples of steps to take in the event of the fire alarm sounding or if a person had a collapse. One staff member told us; "We evacuate as quickly as possible, all the fire doors are safe for 30 minutes" and "We had great first aid training last year, it was brilliant and really in depth and included using an Epipen for people with allergic reactions."

Care plans contained risk assessments that were regularly reviewed to ensure people were kept safe. We also saw the service had generic risk assessments in place regarding the environment and these were reviewed by the service manager. The four care plans we looked at incorporated a new risk assessment. This covered areas such as the risks around moving and handling, behaviour, falls, and nutrition and hydration. We were told how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction. The risk assessments and care plans we looked at had been reviewed and updated regularly. One staff member we spoke with confirmed how they monitored people's different needs by using risk tools in care plans.

There were effective recruitment and selection processes in place. We looked at records relating to the recruitment and

Requires Improvement

Is the service safe?

interview process. We saw that the provider had robust arrangements for assessing staff suitability; including checking their knowledge of the health and support needs of the people it provided a service to.

We looked at two staff files and saw that before commencing employment, the provider carried out checks in relation to staff's identity, their past employment history and a Disclosure and Barring Service (DBS) check. A DBS check confirms that people are eligible to work with vulnerable people. The service manager explained the recruitment process to us as well as the formal induction and support given to staff upon commencing employment.

We observed the interactions between staff and people who lived at the service before they left to go to their day activities. We saw staff were available to support people living at the service. The service manager told us that staffing was provided flexibly by the team as it was dependent upon how any people were booked to use the service. At the time of our inspection there were two care staff and the service manager. Staffing was rostered so that support was available at key times in the evenings, early mornings and weekends. Staff and the service manager told us that they provided cover amongst themselves were possible and had no need to use agency staff.

Care staff we spoke with told us they had completed medicines training, which was updated on an annual basis. We saw evidence of this in the training records we looked at. Staff confirmed there was always a member of staff on duty who had been trained to administer medicines. One staff told us; “We explain the tablets to people and give it to them how they would like to take it.”

We discussed the ordering, receipt and storage of medicines with the service manager who was responsible for this role.

All medicines were stored securely. Medicines that were liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss. We asked what information was available to support staff handling medicines to be given ‘as required.’ There was no guidance in place for this and we requested that this be put in place as soon as possible to ensure these medicines were administered safely. The registered manager agreed to implement this following our inspection visit. Arrangements were in place for the safe and secure storage of people’s medicines. Medicine storage was neat and tidy which made it easy to find people’s medicines. Room and refrigerator temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. Staff were aware of who to contact should there be any problems with equipment or the environment.

Good

Is the service effective?

Our findings

We spoke with relatives who told us they had confidence in the staff's abilities to provide good care. One relative told us; "I am happy because I know X is" and "If they thought X was unhappy or unwell, I know the staff wouldn't hesitate to give me a ring."

The premises were spacious and well-furnished and allowed people where enabled to spend time on their own if they wished or to join in activities that often took place in other areas of the home.

All assessments were completed by the social worker who was arranging the short stays at the service and these were very detailed and person centred. Staff and the service manager explained there was usually a structured transition process for people beginning to use the respite service which included contact with family or carers and tea visits before an overnight stay. Recently the service had experienced several emergency admission short stays. The staff said they found this "very hard" as often there was no time to get to know someone and little information about someone's needs or how to support them. These emergency admissions had an impact on staffing levels and confidence and we discussed this with the registered manager after the inspection for review.

All staff we spoke with said they had regular supervisions and appraisals. One staff member told us their training was discussed at every supervision. Every staff member we spoke with said they felt able to raise any issues or concerns to the service manager or registered manager.

We looked at supervision and appraisal records for three staff members. We saw supervision occurred regularly and people were offered the opportunity to discuss their standard of work, communication, attitude, initiative and providing person centred care. We also saw how at annual appraisals, people's personal and professional development such as courses were also discussed and actioned. We noted the quality of recording of supervision discussions was very detailed; this was fed back to the service manager as good practice.

The service manager showed us a training chart which detailed training staff had undertaken during the course of the year. We saw staff had received training in health and safety, moving and handling, safeguarding, dementia, mental capacity, and fire safety. We saw the service manager had a way of monitoring training which highlighted what training had been completed and what still needed to be completed by members of staff. The service manager told us how they made a referral to access Makaton (a specialist communication system) to come and train staff which had helped with three people who used the service who used Makaton signs. Individual staff training records held at the service did not always show the up to date training held by the Human Resources department in the local authority, we asked the registered manager to address this. One staff member told us; "I have done my food hygiene, fire, epilepsy and medicines this year, I have done a lot." One staff member said; "We've had training to manage challenging behaviour but sometimes it doesn't always work due to the size of the person we need to support, sometimes we just don't know how to manage X." We fed this back after the inspection to the registered manager to address through further training or specialist support.

We saw records that showed that staff met together regularly on a six weekly basis with the service manager and minutes were kept of these meetings which everyone signed. We saw that as well as day to day issues, staff discussed ways of improving the service.

The registered manager told us they had attended training in the Mental Capacity Act (MCA) 2005 and demonstrated a sufficient understanding of the Act. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

At the time of the inspection, three people who used the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The registered manager was aware of the recent supreme court judgement regarding what constituted a deprivation of liberty and informed us of the procedure they would follow if a person had been identified as lacking capacity or was deprived of their liberty. Some staff we spoke with said they were a "bit confused" around this process which was understandable as procedures in this area were still fairly new but we mentioned this to the registered manager who said they would look at some further training for staff.

Good

Is the service effective?

Relatives we spoke with said they were happy with the communication with the service and felt the service would contact them if there were any issues with their relative. One person said; “If we have any concerns we ring and vice versa,” and “They inform me if anything untoward has happened.”

Staff explained to us the service planned menus weekly in advance, depending on how many people were staying at the service and what their preferences were. Staff then shopped for food and drink items accordingly and all food was prepared by staff in the kitchen of the service. Everyone had a nutrition and fluid care plan and staff explained to us that they knew people’s likes and dislikes from talking to families and the person and also looking at their care file. Staff told us some people needed specially prepared food or items to assist them to eat as independently as possible and staff ensured these were in place. There was pictorial information for people who had different communication needs to help them choose foods they wanted. The service manager told us about “themed nights” where the service had planned menus and décor and activities around Italy and foods from other nations which people had enjoyed.

Good

Is the service caring?

Our findings

There was a nice atmosphere in the home. People were getting ready to leave for their day activities and the service was very busy but staff were calm and knew what they needed to do to support people. Each person had their photo on their bedroom door which helped them quickly settle into their stay and to know where their room was.

We spoke with four relatives and carers of people who used the service. The people staying at the service on this visit could not tell us about their care and support although they appeared very happy and comfortable with staff. Relatives were all very positive about the service, they told us; “X is really happy and enjoys his stay,” “I am happy because X is,” “It’s a fabulous service, my relative has learnt to accept other people’s disabilities which is a big achievement, it’s one of the best things that’s ever happened to X”. Other comments included; “They treat X like family,” and “They are all lovely.”

We saw staff using people’s preferred names and knocking before entering rooms. We asked a staff member about maintaining people’s privacy and dignity and they explained how the staff told the person exactly what they were doing with any type of care and they ensured that doors were closed when carrying out any personal care.

One person was leaving the service following an emergency admission and was now moving to a new permanent placement. Staff were clearly very sad to see them leave and told us how they would keep in contact with them and invite them back to events such as BBQs and parties. Interactions were always positive and caring between staff and people using the service and there was also a lot of laughter and kindness shared with people. Everyone was talking about Christmas and people were clearly at ease with all staff who worked within the service.

We looked at care plans for five people living at the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan that was initially provided to the service by the person’s social worker. People had their own detailed plan of care. The care plans were written in an individual way, which included family information and how people wanted their care to be given. Care plans were reviewed six monthly or earlier if people’s needs had changed and daily recording by care staff was detailed and passed on to family when people returned home after a stay. Care plans had much improved since our visit to the service last year in 2013, they were more person centred and specific to the needs of the individual.

The staff we spoke with demonstrated an in-depth knowledge and understanding of people’s care, support needs and routines and could describe care needs provided for each person.

The service manager told us “I’ve done lots of work with families, they said we weren’t flexible and so I’ve done a lot of work to make us more like a family atmosphere as it used to be quite regimental.”

All staff said they would have no hesitation in seeking advice from a healthcare professional and contacting people’s family or carers straight away if they had any concerns about someone’s health or well-being. We saw from care plans appropriate referrals had been made to professionals promptly and any on-going communication was also clearly recorded.

Good

Is the service responsive?

Our findings

People used the service for short stay respite care. We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. Individual choices and decisions were documented in the support plans and reviewed on a regular basis. People's needs were regularly assessed and reviews of their care and support were held six monthly or more frequently if necessary.

The service had worked to make the environment and atmosphere more relaxed and homely. There were lots of activities within the service and staff told us that they tried to use community facilities such as local parks and shops as much as possible with people. The service had also utilised the outside space more effectively and told us that everyone had enjoyed a BBQ in the summer months. Relatives we spoke to were very happy with activities carried out at the service. One person said; "He loves his stay" and "I daren't tell her when she is going as she gets too excited!"

We asked staff about how they ensured people had choices. Staff members gave us practical examples of enabling people to retain their own personality for example, helping people dress and staff assisting with showing people clothes they may wish to wear. Other staff told us about promoting independence with people by offering support and encouraging people to do things, however small for themselves.

The service had a complaints policy. The registered manager told us there had been no recorded formal complaints since our last inspection. Therefore we could not review any current complaints to ensure they had been investigated and responded to appropriately.

There was easy read information around the home on how to make a complaint. Relatives we spoke with said they had no complaints or concerns and would speak to staff if they did. Relatives we spoke with said, "I am very satisfied," and "If there are any concerns, I know they will ring and vice versa."

We saw evidence that care plans were regularly reviewed to ensure people's changing needs were identified and met. The service manager and staff all explained that although people only used the service for short breaks periodically, they had good communication with families so if anyone's needs had changed, this was shared with them before someone arrived for their stay.

The care plans we looked at were person centred, by this we mean the individual needs of the person, their wishes and preferences, were identified and staff only intervened when agreed or the need arose to protect their safety and welfare. We found the five care plans we reviewed were more comprehensive than on our last visit to the service. Personal enablement plans with a more person centred approach to risk management had been developed and were being put in place for everyone.

The service manager said they were seeking to implement meetings for people who used the service to seek their views on menus, activities and trips out as part of their continuous improvement work.

Requires Improvement

Is the service well-led?

Our findings

Our observations were very positive. Staff all communicated in a kind and friendly manner and there was a welcoming and warm atmosphere within the service.

Relatives whose family members used the service spoke highly of the service manager. They told us that they thought the home was well led. One relative said; "If there are any problems X would ring me." A staff member we spoke with said, "She takes everything on the chin and does resolve any problems as best she can." Most staff members said they felt supported by the service manager. We discussed with the registered manager that they should make it clear to staff that if anyone had any issues or concerns and felt the service manager was not appropriate to discuss this with, then they should ensure staff were aware they can approach the registered manager.

The home had a clear management structure in place led by a registered manager who was not based at the service as they had other roles within the local authority services. The service manager was in day to day charge of the service and worked alongside staff providing support to people. The service manager had been undertaking two roles at the start of the year but since October 2014 they were just in charge at Holicote and said they were keen now to start to make further improvements. They had begun to implement a service improvement file which would include regular meetings for people using the service, complaints and compliments, regular team meetings and health and safety monitoring. The service manager also said they were going to implement one page profiles starting with staff and moving on to people who used the service to ensure that everyone was working with a person centred approach. One page profiles state what is important to and for someone and can be recorded on one page. This was the start of a quality assurance programme for the service. The service needed to co-ordinate an improved quality audit by the registered manager and gain more consistent documented feedback from people using the service and their families and carers into their views of the service and how it could be reviewed

Observations of interactions between the service manager and staff showed they were open and positive. Relatives we spoke with told us the service manager was approachable, supportive and they felt listened to. One relative said; "X is approachable, they are chatty and friendly, all the staff are"

We saw records to confirm regular meetings took place with staff. Staff also told us they met regularly to discuss training and other issues relating to the service. All staff raised the issue of recent emergency admissions which they all felt were "too rushed" and left them and other people using the service feeling vulnerable. The service manager acknowledged these had been difficult to deal with but felt that staff had coped well and needed to view the positive outcomes that had taken place for those people with their support.

The law requires that providers send notifications of changes, events or incidents at the home to the Care Quality Commission. We had received appropriate notifications from the service.

We saw regular checks were carried out on the environment, hoists, and equipment to ensure that it was safe.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months and also that they passed onto the local authority Health and Safety team where any serious accidents occurred for additional support or advice. This system helped to ensure any trends in accidents and incidents could be identified and action taken to reduce any identified risks.

The service manager told us of various audits and checks that were carried out on the environment, health and safety and care plans. We saw records of audits undertaken. The registered manager visited the service monthly to carry out an audit based on a previous regulatory regime Regulation 26 visit. Whilst this check did look at records, fire checks, medicines, safeguarding and recruitment it did not give a thorough or holistic quality check of the service.

Several key policies were not in place at the service including infection control and Deprivation of Liberty Safeguards and the Mental Capacity Act. This meant staff and people using the service could be at risk of inappropriate or unsafe care and treatment. The registered manager stated they would implement new policies and carry out a review of all existing policies straight away. This was a breach of Regulation 20 which states that the provider must have records in relation to people employed at the service and how the service is managed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **12.** (1) The registered person must, so far as reasonably practicable, ensure that— (a)service users; (b)persons employed for the purpose of the carrying on of the regulated activity; and (c)others who may be at risk of exposure to a health care associated infection arising from the carrying on of the regulated activity, are protected against identifiable risks of acquiring such an infection by the means specified in paragraph (2). (2) The means referred to in paragraph (1) are— (a)the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection; (b)where applicable, the provision of appropriate treatment for those who are affected by a health care associated infection; and (c)the maintenance of appropriate standards of cleanliness and hygiene in relation to— (i)premises occupied for the purpose of carrying on the regulated activity, (ii)equipment and reusable medical devices used for the purpose of carrying on the regulated activity, and (iii)materials to be used in the treatment of service users where such materials are at risk of being contaminated with a health care associated infection. **How the regulation was not being met:** People were not protected against the risk of infection.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records 20. (1) The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of— (a)an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user; and (b)such other records as are appropriate in relation to— (i)persons employed for the purposes of carrying on the regulated activity, and (ii)the management of the regulated activity. (2) The registered person must ensure that the records referred to in paragraph (1) (which may be in paper or electronic form) are— (a)kept securely and can be located promptly when required; (b)retained for an appropriate period of time; and (c)securely destroyed when it is appropriate to do so. **How the regulation was not being met:** Staff did not have access to policies for key working areas and as other policies required updating.