Samalodge Limited

Anita Jane's Lodge

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?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

Anita Janes Lodge is owned by Samalodge Limited. The service is situated in Leicester, and provides care and support for up to 16 people over the age of 18 years with a mental health need. At the time of this inspection there were nine people accommodated.

This inspection took place on 6 and 7 May 2015.

At our last inspection in May 2014 the service was not meeting the regulations we inspected with regard to the care and welfare of people, medication arrangements, the premises and having systems to ensure the quality of services provided to people. The provider submitted an action plan to deal with these non-compliances. We followed up these issues and found improvements had been made, though further improvements were needed to ensure people were supplied with a service that fully met their needs.

A registered manager was not in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. The current manager, who had only been in post two months

Summary of findings

at the time of inspection, stated that she would make an application to the registered manager within seven days of this inspection. We will monitor this situation to ensure that a registered manager is in post.

Since our previous inspection in May 2014, we had received information from the local authority stating that the service needed to make further improvements to care planning for people living in the home to ensure they received a service that met their individual needs. We also received information that the local authority had health and safety concerns in the past year regarding the premises. At the time of this inspection the service was meeting health and safety requirements.

People and their relatives said they felt safe in the service.

Testing of fire systems was in place.

The service was not completely following the guidance in people's risk assessments and people were at risk of unsafe care.

Staff had received training on how to protect people who used the service from abuse or harm. They demonstrated they were aware of their role and responsibilities in keeping people as safe as possible though not all were sure of which agencies to report to if management had not acted appropriately to protect people.

The Commission had not been informed of situations of abuse to people which meant that monitoring action to prevent these situations could not be considered.

Staffing levels met people's needs.

We found people largely received their prescribed medication in a safe way by staff trained in medication administration, though this needed to be improved.

Detailed risk assessments had not always been undertaken to inform staff of how to manage and minimise risks to people's health from happening.

The provider supported staff by an induction and some on going support, training and development. However, comprehensive training had not been provided to all staff, although we saw evidence this had been planned for the near future.

The Mental Capacity Act (MCA) is legislation that protects people who may lack capacity to consent to their care and treatment. We found examples where the manager was not following this legislation, which informed us that people's capacity to consent to specific decisions had not been assessed appropriately.

People received a choice of what to eat and drink and they liked the food provided.

People who used the service and relatives told us they found staff to be caring and friendly. Our observations found staff to be friendly and attentive to people's individual needs.

Staff had read people's care plans so they were aware of how to provide care to people that met their needs.

People were encouraged to be as independent as possible. People had their rights respected in terms of privacy and dignity.

Activities were provided though provision was limited and needed to be expanded to include people's preferences.

Complaints had been followed up though the complaints procedure did not provide full information as to how to make a complaint.

The provider had internal quality and monitoring procedures in place. These needed to be strengthened to prove that necessary identified actions had been implemented.

The manager enabled staff to share their views about how the service was provided by way of staff meetings and supervision. Staff said management provided good support to them.

At this inspection, there had been a breach of Regulation 12 of the Health & Social Care Act 2008 Regulated Activities Regulations 2014, as people had not been protected from risks to their safety, including the risk of infection. 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?

Requires improvement

The service was not consistently safe.

Recruitment procedures designed to keep people safe were in place though needed improvement to ensure all references had been received before staff commenced in the service.

Medical professionals, the safeguarding authority and the CQC[CL1] had not been informed of situations of abuse to people, which meant that monitoring action to prevent these incidents had not been comprehensive.

Medication had not always been supplied to people as prescribed. People and their relatives said that they felt safe living in the service. Staffing levels met people's needs.

Staff had not been fully aware of how to report concerns to all relevant agencies if the service had not acted properly to protect people

Is the service effective?

Requires improvement

The service was not consistently effective.

The provision of training to staff was not up to date to ensure all staff had the necessary skills and knowledge. Staff had not been aware of the process of assessing people's mental capacity to ensure people were able to choose how they wanted to live their lives.

Staff received supervision to support them to provide care that met people's needs.

People and their relatives reported that care was available when needed. People reported that they enjoyed the food provided to them.

Is the service caring?

Requires improvement

The service was not consistently caring.

People and their relatives said that staff were friendly and caring.

Staff showed consideration for peoples' individual needs and provided care and support in a way that respected their individual wishes and preferences.

Not all people had been involved in planning for their care needs.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Staff had not always contacted medical and social care services when a relevant issue has arisen as outlined in people's care plans. Staff had relevant information on people's needs as they had read people's care plans.

Summary of findings

Activities had been provided but they had been limited and not always in line with people's expressed preferences.

Complaints had been investigated but the complaints procedure did not give detailed information as to how to make a complaint.

Is the service well-led?

Requires improvement

The service was not consistently well led.

A registered manager was not in place.

Incidents involving people had not always been reported to us so that we could consider whether we needed to inspect the service to ensure it was meeting its legal obligations to keep people safe.

We found out systems had been audited to try to ensure the provision of a quality service, though issues identified had not all been followed up.

People told us that management listened and acted on their comments and concerns. Staff told us the registered manager provided good support to them and had a clear vision of how care was to be provided to people and their rights respected.

Anita Jane's Lodge

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 & Social Care Act 2008 Regulated Activities Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 6 and 7 May 2015 and was unannounced. The inspection team consisted of two inspectors..

We reviewed information we received since the last inspection including information we received from the local authority. We had received information in February 2015 that health and safety regulations were not in place and care planning to meet people's needs was poor, so we followed up these issues.

During our inspection we spoke with the manager, the deputy manager, the area manager, five people that lived in the service, three relatives, a GP, two community nurses, two social workers and three care staff.

We observed how staff spoke with and supported people living at the service and we reviewed three people's care records. We reviewed other records relating to the care people received. This included the fire records, audits on the quality and safety of people's care, staff training and recruitment records and medicine administration records.

Requires improvement

Is the service safe?

Our findings

At our last inspection in May 2014 we had concerns about the service fully protecting the welfare needs of people, not having safe premises and not having proper medication information for when people were admitted to hospital, so we followed these issues up.

People we talked with told us they felt safe at the home. One person said, “Yes, I feel safe.” They said when other people using the service became angry or aggressive, staff managed the situation well, calming the person down and when necessary asked the person to leave the room. They said they never saw staff restrain people or act inappropriately.

One of the people using the service presented with behaviour that challenged the service. Staff told us they had sought advice from the person’s consultant and there were goals for the person to work towards. They said they de-escalated the behaviour by asking the person what the problem was and asking them to stop. They would then tell the person they would have to leave the room if the behaviour continued to ensure the safety of others.

Staff said incidents were recorded on an incident/accident form and an investigation was carried out to identify any contributory factors and action needed to prevent a similar incident occurring in the future.

We found that risk assessments in place for assessed needs. However, risk assessments were not always followed. For example, a risk assessment for behaviour that challenged the service for one person stated if the behaviour occurred, staff needed to report this to the medical and social care workers. We found from records that this did not always happen. For example, in March 2015 a person threatened another person and then later also threatened a staff member. There was no evidence in records that a referral to professionals had taken place at that time. We found evidence of the service contacted the social worker a number of weeks after these incidents. A person's social worker told us she had not been informed of these incidents at the time they occurred. This showed us that people’s safety was potentially at risk.

In April 2015 another person was threatened by someone else using the service. We found that staff took proper action to ensure people’s safety. However, this was not reported to the safeguarding team or the person’s social worker.

The CQC had also not been informed of these incidents. By not reporting this information at the time, this meant that proper action could be considered ands did not provide protection for people’s safety.

We saw risk assessments in place in people's records of care we looked at. For example, there was a risk assessment relating to nutrition, falls, pressure sores, and a behavioural risk assessment that included how to manage risks to the person and other people. However, risk assessments had not always been followed by staff. For example, there was evidence that staff had not contacted health and social professionals when incidents occurred and this was confirmed by these professionals when we contacted them.

We found that the floors in some of the bathrooms and toilets had some small pieces of toilet paper littering the floor. Some of the sanitary ware was in a poor state of repair, such as wall tiles missing, an unclean bath, the sealant was uneven allowing the accumulation of dust/dirt and making cleaning difficult. Pipes were dusty, and there was a soap holder which was marked and black on the base. The hall carpet appeared soiled.

There was a daily cleaning schedule in place. Although cleaning had been signed as complete for the day of the inspection, this was not always the case. There was no cleaning schedule for deep cleans of the bedrooms or the shampooing of carpets and soft furnishings. The manager told us there was a plan to replace the carpets in several areas of the home following the completion of the building of the new conservatory. She later sent us information stating that carpets would be deep cleaned.

These issues meant there was a risk of infection, posing a risk to the health and safety of people living in the home.

They are breaches of Regulation 12 of the Health & Social Care Act 2008 Regulated Activities Regulations 2014.

We saw evidence that risk assessments regarding safety issues had been in place. For example, there were risk

Requires improvement

Is the service safe?

assessments about legionnaires disease and locking away potentially unsafe objects. This helped to keep people safe by guiding staff to follow procedures to protect people's safety.

We found that medication administration was not always consistently safe. People told us staff managed their medicines for them. They said their medicines were always available and they were given them at the same times each day.

We checked medication systems and found them to be secure with records properly in place which indicated people had received their medication.

We looked at medication charts. We noted a person had been without their inhaler for three days as it had had run out and a replacement could not be obtained for three days. The manager stated it was difficult to gauge how much medication was left in an inhaler but had now ordered a spare inhaler so the issue is not repeated in the future.

One person had medication omitted due to his getting up late and staff did not administer due to possible contraindications of medicines taken together. The manager said staff had checked this with the GP though there was no evidence in place to prove this had occurred.

This meant there was a risk that people's health had been affected because they had not received their prescribed medication.

People told us staff looked after their money for them and made sure they had enough money to buy things they wished. Some people understood they needed help to spend their money sensibly and they said staff provided support to ensure they were able to buy necessities, whilst giving them the freedom to spend a proportion how they chose to. We checked the financial records of some people. We found they were securely kept and monies tallied with the records.

We looked at fire records to see whether people had been protected from fire risks. We found that testing fire equipment had been carried out regularly. Fire drills had been regularly conducted to ensure staff knew what to do in the event of an incident. There was a personal emergency evacuation plan in each person's care records. This gave details of the support someone would need in an emergency and the areas of the building they commonly used. A person we talked with said staff had talked to them about emergency evacuation of the building and they understood what they needed to do.

The provider had safeguarding policies and procedures in place. These were designed to protect people from harm. Staff we spoke with had an understanding of their responsibilities and told us they would immediately raise any concerns with their line management. If management did not act properly, staff knew of relevant agencies to report their concerns to, although not all staff knew all of the relevant agencies. The manager stated all staff would be informed of this information in a forthcoming staff meeting, and this would be followed up in staff supervisions.

People we talked with said they felt there were normally enough staff on duty to provide the support they required. They said staff understood their needs. Staff members told us that there generally enough staff on duty to meet people's needs and keep people safe.

Staff told us they had followed various recruitment procedures such as completion of an application form, interview, and proper criminal checks had been taken up. We looked at four staff files and found recruitment processes, designed to keep people safe, had been followed. However, we found one instance where there had only been one reference taken up. The manager later sent us information indicating that the second reference had been applied for. The manager said this issue would be fully covered for future staff recruitment.

Requires improvement

Is the service effective?

Our findings

Relatives told us they were confident staff would access health services for their relative if they became unwell. One of these told us staff would let them know of changes to the person, another said the liaison was better recently, whilst the third said they did not always feel they received information about the person. For example the person using the service had to make fortnightly visits for medical care and when the day for this changed they were not informed. This was a day when they would normally visit. The manager said communication would improve in the future to ensure relatives were informed of all relevant issues, subject to the agreement of the person.

Staff who had gone through induction training told us they were up to date with their training. They administered medicines and said they had competency checks undertaken by the manager annually to ensure effective care was provided.

A training matrix was displayed for staff in the manager's office so it was possible to see at a glance the training that had been completed and outstanding training. Some staff said they were about to commence on their NVQ training. The staff we talked with said they were encouraged to identify training they felt they needed or would like to complete to provide effective care.

We saw that a system was in place to provide staff with training. We looked at the training matrix, which showed the training that staff had undertaken. We saw that staff had not always been provided with training in line with the provider's training programme. For example, some staff had not had training on issues such as the Mental Capacity Act, mental health conditions and health conditions such as epilepsy and diabetes. This meant there was a risk of staff not being fully aware of people's needs or able to provide effective care. The manager stated that more training had been organised and we were supplied with evidence of this.

The staff we talked with said they had regular supervision and we saw evidence of supervision in staff records. They said they had the opportunity to raise issues and problems themselves and they also discussed people's care needs, and risk assessments.

The provider was not ensuring that the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted, in their best interests, to keep them safe.

We found where people had capacity to make decisions we could not see whether they had signed their care plans, so this did not evidence their consent to care. The manager said she would follow this up.

A staff member we talked with said they had attended training on DoLS but training on the Mental Capacity Act had been undertaken some time ago. They said they had sat in on a meeting when a person's mental capacity had been assessed and a best interests decision made. They were not sure if anyone at the home had a DoLS in place and therefore could not ensure those people would be provided with effective care.

There was a section in care plans about making choices and decisions indicating the types of decisions a person could make for themselves and those with which they would need support. However, we did not see any formal mental capacity assessments, though records showed that staff had taken such decisions in relation to restricting drinks for two people, and managing some peoples' finances. This meant people's ability to choose how they lived their lives had been restricted by staff assuming people's best interests and this not being reflected by a proper assessment.

People said the food was good and they could have the portion size they wanted. One person said: ''The food is good. They come round with the menu."

There was a choice of two hot meals in the evening and a person told us there was something different each day and there was always something they liked. One person said: "The food is different every day." When asked if they could choose something else if they did not like the choices on the menu, one person said, "It has never happened."

Food was appropriately hot when served and there were good portion sizes. Another person said if they did not like what was on the menu they would go out and buy a take away. The relative of one person who preferred Asian food, brought food in for them and they said they preferred to have this rather than the food the home provided, although

Requires improvement

Is the service effective?

the manager stated that an Asian diet could be provided by the service. Staff stored it in the freezer and provided it when they chose. People told us they were asked for new ideas for the menu and the menu was discussed at residents meetings.

People told us there was a choice of cereals for breakfast and toast. Most of the people we talked with prepared their own breakfast. People did not appear to have the opportunity to have a cooked breakfast but said they were happy with cereals. There was a choice of soup and sandwiches for lunch. This showed us that people were satisfied with the food and they had adequate choice of foods.

However, we did not see any evidence of snacks being provided to people using the service. One person said they could always get some toast. The pantry was locked so access to snacks was limited. Staff told us people could ask and they would be provided with whatever they wanted, although only biscuits were available for supper. The manager later told us that more choices of snacks had now been provided to people.

Requires improvement

Is the service caring?

Our findings

Most people had been at the home for at least a year and they said they knew staff well and had good relationships with them. One person said: ''The staff are ok. It is alright here. I know all the staff." They trusted staff to act for them where necessary and felt staff acted in their interests. People told us staff listened to what they had to say and took notice of their views.

During our inspection we observed positive relationships between people using the service and staff. People were treated with respect and approached in a kind and caring way. Staff were able to give us examples of how they protected people's privacy and dignity when supporting them with personal care.

A relative said, "They look after [the person] well." Another relative said: ''They look after him very well." A third relative said, "It's quite good. [the person] seems to be settled. It is the longest [the person] has been anywhere."

We spoke with a GP. He said that staff accompanying people on medical visits had always treated people in a respectful and friendly way and reassured them.

People told us they had not been asked their views on the décor or furnishings when the home had been re-decorated or in relation to the new conservatory which was being built. However, we talked with the manager and they told us they had not made decisions in relation to the conservatory and intended to consult with people shortly.

People told us there were residents meetings which they were encouraged to attend. The manager talked to them about the menus and other things which were happening at the home, such as activities, though there was no evidence that things had changed as a result of this process, such as providing other activities.

People we talked with did not know they had a care plan and said staff had not discussed their support needs with them. However, they mentioned some aspects of their care and support which staff had discussed with them. For example one person talked about staff looking after their finances and they said they had agreed staff would limit the amount of alcohol they could have. We did not see people had agreed to their care plans. This showed us there was a lack of involvement of people planning for their own care needs.

Relatives said they had not been involved in care plan reviews or discussions about the care provided at the home for their relative. Another relative said, "When I ring up they are quite forthcoming." Another said, "When I visit [the deputy manage]) always gives us an update."

People told us staff respected their privacy and would always knock on their bedroom door before entering. They said staff tactfully asked if they would like help and encouraged them to be as independent as possible. People told us they had the ability to lock their bedroom door and most used this facility. This showed that people's privacy was respected by staff.

One person we talked with said they went to the day centre most days and made their own sandwiches to take with them. We also saw people using the kitchen, making drinks for themselves. We saw evidence in staff meetings that staff were encouraged to ensure people were able to do as much as they could for themselves. This showed that people's independence had been promoted.

Requires improvement

Is the service responsive?

Our findings

At our last inspection in May 2014 we had concerns about the care and welfare provided to people, so we followed this issue up and found some improvements made.

People told us that staff knew their needs and responded to them. For example, if they were unwell or wanted to see a doctor, staff would contact their family doctor and arrange for a visit or an appointment for them. A staff member said: ‘’They would get the doctor if I needed one. The surgery is only over the road so it is easy to go to the doctors.”

Care plans were written and reviewed by the manager. Care plans described the support people required and their preferences. Each person had a care plan containing a description of the individual needs of the person, including some personal information as to likes and dislikes and what was important to the person.

We asked staff members if they had read people's care plans. They told us that they had done as they had been asked to read care plans by the manager. This meant that staff were aware of the care they should be providing to meet people's health and welfare needs.

Care plans contained some information about people’s preferences for daily living and their past history though this was short on detail. The manager said this information would be expanded to enable staff to comprehensively understand and meet people's individual needs.

We saw someone had an optician appointment for an eye test and had taken part in the national bowel cancer screening programme. This told us that staff had properly monitored a person's health and insured appropriate appointments had been made.

A person told us they had an annual diabetes check at their family doctor. They said they were able to go on their own and staff asked them about it when they returned. There was an accident and emergency sheet in each person’s care record providing details of the person in case of an emergency attendance at hospital. This told us that people's health needs were properly monitored.

One person said they went to the local day centre most days and other people told us they were able to go to the day centre if they wished. Some people were able to go out independently and told us they went to the local shops, the city centre or for walks. One person said they had a bus pass to enable them to go on the bus when they wished. Another person said they liked to go to the pub and staff would accompany them.

People told us the previous summer there had been an occasional day trip organised by the home. They said they would like to have more trips like this and when we talked with the manager they said this had been discussed briefly and she would arrange more trips in the future.

We did not see any evidence of planned activities in the home or in people’s care records. Staff told us it was sometimes difficult to motivate people to participate in activities and they would get a negative response when they suggested the person undertake a new activity.

A relative identified some concerns about the lack of activities for the person and whilst recognising it was difficult to motivate the person felt there would be benefits for the person if they had a more stimulating environment. Another relative said, “When I visit they always seem to be sitting around doing nothing.”

There was evidence from a recent residents meeting that people wanted various activities such as shopping, painting, drawing, going to the park for a picnic and a reading and music club. However, there was no action plan in place to see this had been put in place.

One person told us they had asked to see their social worker and staff said they would arrange for it but they had been waiting a very long time. The manager said this would be taken up with staff so that people had access to support as quickly as they wanted it. The manager said this would be followed up and more trips out would be arranged.

There was variability in people’s knowledge on how to make a complaint or raise a concern. One person said they would raise a complaint first with the deputy manager and if necessary would go to the manager. However, they said they had had no reason to do this in all the time they had lived at the home.

Other people we spoke with and two relatives told us they did not know how to make a formal complaint or raise a concern. They said they did not recall being provided with any information about how to make a complaint and had

Requires improvement

Is the service responsive?

not seen information displayed in the home. One relative said, “I wouldn’t know who to complain as [the person’s] social worker has changed several times.” The manager said this issue would be followed up with people.

We looked at details of complaints records. No complaints had been recorded. However, we saw that a complaint had been made in one person's care records. This had been investigated by the provider and response provided to the complainant. The manager said she would ensure that complaints were appropriately recorded in the future.

The complaints procedure showed that people could complain to management but this information did not include information about how to raise concerns with the local authority that have responsibility for investigating complaints, or the ombudsman if necessary. The manager said the procedure would be amended to include this.

Requires improvement

Is the service well-led?

Our findings

At our last inspection in May 2014 we had concerns about the quality assurance systems of the home, so we followed this issue up. There had been a lack of audits covering whether care plans were sufficient to meet people's needs, medication arrangements and premises.

The home did not have a registered manager in place. It is a legal requirement that services have registered managers in post. This is to ensure the efficient organisation of the home to enable appropriate care to be provided to meet people's needs. The current manager stated that she had only been in post for three months and would be applying to be the registered manager. We will monitor this issue and take action if needed.

We saw records of incidents where people living in the home had been subject to alleged abuse. There was no evidence that these incidents had been reported to us. The provider has a legal duty to report such incidents to both CQC and the local authority. The manager said he would follow this procedure in the future.

People said the manager was available each day and often at weekends. They said there had been improvements at the home since the arrival of the new manager. One person using the service said, “The manager is a good lady, she is very good.” All the people we talked with were positive about the impact of the manager on the home in general and the care provided. A relative said,” It has improved since the new manager started. It is a lot cleaner.” “Some of the carpets have been changed and they have decorated. They are trying to improve it.”

However, one relative said they had seen the manager in the distance when they had visited the home but the manager had not introduced herself to them. The manager said she had not been aware of this person but would ensure that she introduced herself to visitors in the future.

All members of staff we talked with said the manager was approachable and at the home each day. At the weekend the manager or area manager were on call and could be contacted as necessary. They said the manager had brought in a number of improvements to the procedures and practices at the home to make them more efficient and effective, including the processes for recording and managing people’s money.

Staff told us there were regular staff meetings. They were held twice, once at afternoon shift handover and once in the evening to enable as many staff as possible to attend. They told us the agenda was put up on the notice board before the meeting and staff could ask for items to be added to the agenda. This meant the service was aiming to build teamwork to ensure it was running efficiently.

We did not see that people and their relatives had been provided with a satisfaction questionnaire to give their views of the service. The manager stated that she would do this.

There was evidence that ‘residents meetings’ had been held. Meetings provide an opportunity for people to feedback comments or concerns to the management team. We saw the meeting minutes of March 2015. They included activities that people wanted such errors shopping, painting, drawing and day trips to places. However, it was no evidence we saw that these issues had been actioned. The manager recognised this and said they would be held more frequently in the tests future and that there would be evidence of consideration to people suggestions.

There were quality assurance and audit processes in place, such as medication, premises and plans of care audits. These helped management identify problems. However, there were no action plans in place to show that effective action had been taken to ensure a quality service was provided. There was no evidence of involvement from the provider with regards to quality assurance or monitoring visits. The manager said this would be followed up.

Staff told us that the management had emphasised that people's rights should be protected and promoted. This gave a strong message to staff as to the importance of preserving and enhancing people’s rights.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People had not been protected from risks to their safety, including the risk of infection. Regulation 12 (b) and (h).

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People had not been protected from risks to their safety, including the risk of infection. Regulation 12 (b) and (h).

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.