

# Adiemus Care Limited

# Brookes House

## Inspection report

79-81 Western Road,  
Brentwood,  
Essex  
CM14 4ST  
Tel: 01277 212709  
Website: [www.orchardcarehomes.com](http://www.orchardcarehomes.com)

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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

Brookes House provides accommodation, personal care and nursing care for up to 70 older people. Some people have dementia related needs.

The inspection was completed on 17 December 2014 and 18 December 2014 and there were 49 people living at the service when we inspected.

A registered manager was in post. 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.

The last inspection on 4 September 2014 found that the provider was not meeting the requirements of the law in relation to consent to care and treatment, meeting nutritional needs and supporting workers. We also found that the service had failed to ensure that people's care needs were met and an effective system to monitor the quality of the service implemented. An action plan

# Summary of findings

was provided to us by the provider on 4 December 2014. This told us of the steps taken and the dates the provider said they would meet the relevant legal requirements. During this inspection we looked to see if these improvements had been made.

Staffing levels and the deployment of staff to meet the needs of people who used the service were not appropriate to meet people's needs.

Suitable arrangements were not in place to respond appropriately where an allegation of abuse had been made.

Cleanliness and infection control procedures at the service required improvement.

The service did not have an effective system in place to deal with people's comments and complaints.

We found that an effective system was in place to regularly assess and monitor the quality of the service provided. The registered manager was able to demonstrate how they measured and analysed the care provided to people who used the service and how this ensured that the service was operating safely. However, the provider's quality assurance system had not picked up the identified areas of concern that we found.

People and their relatives told us the service was a safe place to live. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and other's safety.

We found that risks to people's health and wellbeing were assessed.

We found that the management of medicines was suitable and the majority of people received their medication safely.

Staff told us that they felt supported and valued. Staff told us that they received regular training opportunities. We found that staff received a robust induction, supervision and appraisal.

Comments about the quality of the meals provided were complimentary and the dining experience for people was positive.

People told us that their healthcare needs were well managed and we found that the service engaged proactively with health and social care professionals.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests.

We found that people's care plans were reflective of their care and support needs. Improvements relating to the accuracy of some records were required.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe. We found that the deployment and numbers of staff to meet people's needs was not always appropriate.

The provider was not able to demonstrate that, where safeguarding concerns were highlighted, they had responded appropriately.

Cleanliness and infection control arrangements put people at risk of acquiring or transferring infections.

People and their relatives told us the service was a safe place to live.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective. Although the dining experience for people was positive and people were supported to have sufficient nutrition and hydration, nutritional records were not accurately maintained.

Staff received appropriate opportunities for training, induction, supervision and appraisal.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Where a person lacked capacity, Mental Capacity Act (MCA) 2005 best interest decisions, had been made. The Deprivation of Liberty Safeguards (DoLS) were understood by the senior management team and appropriately implemented.

**Requires Improvement**



### Is the service caring?

The service was not consistently caring. Although people and their relatives were positive about the care and support provided at the service by staff, our observations demonstrated that the care provided by some members of staff was not always appropriate.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

**Requires Improvement**



### Is the service responsive?

The service was not consistently responsive. The service did not have appropriate arrangements in place to deal with people's comments and complaints.

People's care plan documentation included the care and support to be planned and delivered to meet people's needs.

People told us that they were happy with the activities provided.

**Requires Improvement**



# Summary of findings

## Is the service well-led?

The service was not consistently well-led. The quality assurance system was not effective because it had not identified areas of concern that we found.

A registered manager was in post. The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the registered manager and senior management team.

Staff told us that they felt valued and supported.

## Requires Improvement



# Brookes House

## Detailed findings

### Background to this inspection

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

This inspection took place on 17 and 18 December 2014 and was unannounced.

The inspection team consisted of two inspectors, a specialist professional advisor and an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 25 people who used the service, 10 relatives, 21 members of staff, the registered manager and the deputy manager. We spoke with two healthcare professionals to obtain their views about the quality of the service provided.

We reviewed 14 people's care plans and care records. We looked at the service's staff support records. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

# Is the service safe?

## Our findings

Staff we spoke with were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. The staff training plan confirmed that the majority of staff employed at the service had received safeguarding training.

However, we found that people were not protected from abuse, or the risk of abuse. The registered manager was not able to demonstrate that, where safeguarding concerns were highlighted, they had responded appropriately by following local safeguarding procedures or the provider's own safeguarding policy and procedure. The latter recorded, 'The Home Manager will report the incident to the Adult Protection Team (Social Services)'. The registered manager had failed to raise a safeguarding alert to the local authority following an allegation that a member of staff had placed a person at risk of receiving care and support that was unsafe and not to an appropriate standard. The member of staff had completed a poor manual handling movement which could have seriously injured the person or themselves. Concerns had also been raised about this member of staff's conduct. There was no evidence to show that the concerns raised had been looked into by the registered manager to make sure that people were protected against the risk of abuse or that they had acted upon the concerns.

We found that the registered person had not protected people as they had not responded appropriately to allegations of abuse. This was in breach of Regulation 11(1)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe and secure. One person told us, "Yes, I feel safe and the staff are quite good. It is quite nice here." Another person told us, "Of course I am safe." One relative told us, "I have always thought that it was safe and the staff are all very nice."

Although on the day first day of our inspection we did not note any area of concern in relation to staffing levels, this is not what people experienced and relatives expressed concerns. One person told us, "Not enough staff, I am waiting, waiting." Another person told us, "It's alright here

but there are not enough staff. They are very good but you have to wait so long." One relative told us, "It is safe but it could do with more staff. I have seen residents ring their bell in the lounge and it takes up to 40 minutes for them to see to who is ringing."

Our observations on the second day of inspection indicated that the deployment of staff was not always suitable to meet people's needs. We saw that one communal lounge on the ground floor was left without staff support for a period of 35 minutes between 11.00am and 11.35am and yet there were seven people seated within the communal lounge. During this time two people were observed to occasionally argue with each other and other people were heard to tell them to 'shut up' or to be quiet. There was no staff presence during this time and there was no call alarm visible or accessible for people to summon staff assistance. Some people were distressed and the lack of staff presence meant people's welfare suffered.

We saw that people were not always supported to have sufficient drinks throughout the day. Where people requested support with drinks they did not receive this due to poor staff deployment.

We found problems with cleanliness and hygiene in the home. Two people's bedrooms had very stained carpets and smelt strongly of urine. Food debris was found to have collected down the side of one person's armchair and it was evident that their chair had not been cleaned for some considerable time. Staff did not have clear instructions on what they were required to clean as part of their role. The laundry room was dirty and surfaces were covered in dust. A member of the care staff did not use protective personal equipment when handling soiled waste. This put people at risk of acquiring or transferring infections. Actions had not always been completed where the provider's checks showed that improvements were needed.

We found that the registered person had not protected people against the risk of and to prevent the spread of infection. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people who used the

## Is the service safe?

service. Arrangements were in place to record when medicines were received into the service, given to people and disposed of. We looked at the Medication Administration Records (MAR) for 10 of the 49 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. We found that the arrangements for the administration of covert medication for one person was in accordance with the Mental Capacity Act (MCA) 2005. 'Covert' refers to where medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in drink.

However, improvements were required in some areas of medication record keeping. We found that where medicines were given at different times to those on the printed medication record form, the actual time it was given was not recorded. This could result in people being given their medication too close together, which could affect their health.

We observed medicines being given to people during the morning and at lunch time on the first day of our

inspection and saw that this was done with due regard to people's dignity and personal choice. However, we saw one senior member of staff when administering a person's morning medication not notice that one of their medications had fallen through their fingers and landed down the side of their chair. This was drawn to the member of staff's attention and when the chair was tipped upside down four tablets fell out onto the floor. This showed that the person had not received all of their medication. We discussed this with the manager and they provided an assurance that all seniors who administered medication would be spoken with.

The staff recruitment records for four members of staff appointed since September 2014 showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This meant that suitable arrangements were in place to ensure that the right staff were employed at the service and they had had the appropriate checks completed prior to starting work at the service.

# Is the service effective?

## Our findings

People told us that the quality of meals provided was good. One person told us, "It's very nice." Another person told us, "The food is quite good." One relative told us, "The food is very good and they [relative] had lost a lot of weight before they came here five years ago. They have certainly put on more weight."

Our observations of the breakfast and lunchtime meals showed that the dining experience for people within the service was positive, flexible, sociable and much improved since our last inspection. People told us that they were allowed to eat where they wanted to, such as, in the dining room, in the communal lounge or in their bedroom. Where people required support from staff to eat their meal, this was provided with respect, dignity and sensitivity. People were not rushed to eat their meal, they were asked if they wanted more food, they were asked if they wanted a small or large portioned meal and they were asked if they had finished their meal before their plate was removed. The chef and staff were knowledgeable about who required a specialist diet, such as, gluten free, low fat, diabetic or their meals to be fortified.

Where people were at risk of poor nutrition, dehydration or swallowing difficulties, this had been identified and a plan of care completed detailing how this was to be managed. However, we found that where a formal Malnutrition Universal Screening Tool (MUST) had been used and a score of 'two' recorded, the instruction to 'weigh weekly' had not always been carried out.

The weight records for one person recorded that between August 2014 and November 2014 they had lost a considerable amount of weight. We discussed this with the deputy manager and they confirmed that in September 2014 the service had experienced an outbreak of a healthcare associated infection. Although a request had been made to the person's GP for them to be referred to a specialist healthcare professional in September 2014, this had not been followed up by the service until the end of November 2014. We discussed this with the deputy manager and no reason could be provided as to why this had not been actioned sooner or the instructions on the MUST tool followed.

Where people required their food and drink intake to be monitored each day, we found that these had not always

been initiated or completed. For example, the care records for one person recorded them as being at high nutritional risk. The care plan evaluation for November 2014 detailed that food and fluid charts should be commenced. None were available and when discussed with the deputy manager no reason could be provided for their absence.

The records for another person showed that food and fluid charts had not been completed on five out of a possible 12 days and on some days the records suggested that the person had not received a drink for up to 19 hours. This was not an isolated case and we found similar issues with recording relating to a further five people.

At our last inspection to the service in September 2014, we were concerned that the provider's arrangements which related to consent to care and treatment were not appropriate. We asked the provider to send us an action plan outlining the actions taken to make improvements. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found that the arrangements for consent to care and treatment were suitable and that the improvements the provider had told us they would make had been made. We discussed the main principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) with the management team and staff. Staff confirmed that they had received MCA and DoLS training since our last inspection. They were able to demonstrate that they were knowledgeable and had an understanding of MCA and DoLS and when these should be applied. The registered manager told us that applications to deprive a person of their liberty had been made to the supervisory body (Local Authority) for their consideration and recommendation.

Care plans showed that each person had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been clearly recorded.

At our last inspection to the service in September 2014, we were concerned that the provider's arrangements relating to staff training, induction, supervision and appraisal were not appropriate. We asked the provider to send us an



## Is the service effective?

action plan outlining the actions taken to make improvements. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found that the arrangements to ensure that staff were properly trained, supervised and appraised and that the improvements the provider had told us they would make had been made. People were cared for by staff who were suitably trained and supported to provide care that met people's needs. Staff told us that since our last inspection in September 2014 they had received training opportunities and this had provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs.

We spoke with two newly employed members of staff and they confirmed that they had received an induction which included the principles of the Skills for Care Common Induction Standards. These are the suggested best practice standards people working in adult social care should attain before they can safely work unsupervised and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support. They told us that their induction had been completed over several days and included at least three shifts whereby they shadowed a more experienced member of staff. Staff confirmed that this had given them the skills and knowledge to undertake their new role.

Staff told us that they felt supported by the senior management team and had received supervision. Staff told us that supervision was now a two-way process and that in addition to discussing areas for improvement they also received positive feedback.

People told us that their healthcare needs were well managed. People told us that they were supported to attend hospital appointments and were able to see the District Nurse or GP. People told us that if their member of family was unable to attend their healthcare appointment with them, a member of staff always accompanied them. This was confirmed by staff spoken with. Relatives told us that they were kept informed of the outcome of healthcare appointments. One relative told us, "I am very happy as they [staff] are quick to react to their [relative] health needs." Another relative told us, "If [name of relative] is ill they [staff] get the doctor quickly. They check them at night and ring me if they have a fall." Care records confirmed that people had been seen by their GP when required and that other specialists such as district nurses, community nurses, dietician and the falls prevention team had been accessed. Healthcare professionals we spoke with were very complimentary about the care and support provided to people.

# Is the service caring?

## Our findings

People made many positive comments about the quality of the care provided at the service. One person told us, “Staff are caring.” Another person told us, “Staff are happy and friendly.” One relative told us, “They [staff] are very kind and they are interested in [relatives] life and what they have done. Staff always speak kindly to them.”

We observed on the first day of inspection that staff interactions with people were positive and the atmosphere within the service was seen to be relaxed and calm. Staff demonstrated affection, warmth and compassion for the people they supported and it was evident from our discussions with staff that they knew the care needs of the people they supported and the things that were important to them in their lives. There were good signs of wellbeing amongst the people who used the service and we observed that people were engaged with others and visitors. All of the interventions observed between staff and people living at the service were delivered in a kind and compassionate way. For example, prior to any intervention, staff approached people advising them of what was about to occur and seeking their consent and participation.

However, on the second day of inspection, a member of staff was seen to enter the lounge at 11.40am and to ask people sitting in the communal lounge if they were alright and they responded by saying, “Yes.” The staff member then sat themselves down, opened a book and read for approximately 15 minutes without engaging with any of the people seated within the communal lounge. We also observed one person being hoisted from an armchair to a wheelchair by two members of staff. Although the person was overheard to quietly say to one of the staff member’s that they wished to be taken to the toilet, this was not actioned for a further 20 minutes and only after we intervened. The person was observed to become anxious and called out repeatedly “help help” to gain staff’s attention. Staff were not available and therefore could not hear the person calling out. We found a member of staff and asked them to provide support to this person, which they did. We observed that staff were constantly busy carrying out tasks and spent little time with people. This meant that people were left with little or no support and their health and safety was placed at risk.

We found that other than the initial pre-assessment of people’s needs we found there was little information to

show that people and, or their relatives, had been routinely involved in making decisions about their care and treatment. One person told us, “No-one has gone through the care plan with me.” Another person told us, “I have never seen my care plan. It’s not for me to see things like that is it?” One relative told us, “I saw my relative’s care plan a few months ago. I was asked about their interests and they [staff] asked what more they could do to make our relative happy.”

We saw that staff communicated well with people. For example, staff were seen to kneel down beside the person to talk to them or to sit next to them, rather than standing over them. We observed that one person at lunchtime was reluctant to eat. Staff were noted to explain to the person that it was lunchtime, told them of the meal choices available and gave them time to respond. When no response came, staff showed the person both plated meals and offered them alternatives to the menu. Although unsuccessful, staff made several attempts to encourage the person to eat. Staff told us that it was not unusual for this person to refuse a meal however, our observations showed that staff were caring and kind and had made every effort to engage with the person on a positive level. In the case of one person who had a hearing loss, staff were observed to repeat information to them several times but when the person still did not fully understand what was being said to them, staff changed the information by shortening the information to assist the person to understand what was being said.

Staff were seen to provide clear explanations to people about the care and support to be provided. For example, we observed two members of staff complete manual handling support for one person. This was undertaken competently and with kindness and patience. Staff were noted to explain each part of the process before carrying it out and staff were observed to provide reassurance so that the person did not feel afraid or anxious when being hoisted. Another member of staff was seen to assist a person to mobilise whilst using their walking frame. The member of staff was seen to not rush the person and provided words of encouragement, for example, “Well done” and, “Take your time.”

People told us that staff respected their privacy and dignity. We saw that staff knocked on people’s doors before entering, staff were observed to use the term of address favoured by the individual and no inappropriate terms of

## Is the service caring?

endearment were noted. People were also seen to receive their mail unopened. One person told us that they did not like others watching them whilst they ate a meal. They told us that staff respected their decision and choice and they were able to eat their meal in the privacy of their own room.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf

were able to visit the service when they wished. One relative told us that they were able to visit their relative whenever they wanted. They told us, "There are no restrictions on visiting and I am here very regularly." Another relative told us, "I visit my relative every day. I come and go as I please and no-one minds."

# Is the service responsive?

## Our findings

Information on how to make a complaint was available for people to access. People we spoke with knew how to make a complaint and who to complain to. However, we found that the provider and registered manager had failed to have regard to complaints made by people who used the service or those acting on their behalf. We found that appropriate steps had not been taken by the provider and manager to respond appropriately to one complaint. The complaint had not been investigated in full. We found that the person's concerns had not been investigated thoroughly and only the issues relating to the member of staff's conduct had been explored. For the person who used the service, it meant that the issues raised as a concern had not been reviewed and therefore their needs had not been met.

We found that the registered person had not protected people as they had not fully investigated complaints made. This was in breach of Regulation 19(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they were made aware of changes in people's needs through daily handover meetings and from discussions with senior members of staff. People's care plans included information relating to their specific care needs and how they were to be supported by staff. Information about a person's life history had been captured and recorded. This included a personal record of important events, experiences, people and places in their life. This meant that this provided staff with the opportunity for greater interaction with people who used the service, to explore the person's long-term memory and to raise the person's self-esteem and improve their wellbeing.

We found that where appropriate people were enabled and supported to be as independent as they wanted to be. One person told us that they managed their own finances. Another person told us that following a multi-disciplinary meeting with them, representatives from the service and external agencies, they had the opportunity to access the local community independently.

People told us that they had the choice whether or not to participate in a planned programme of meaningful activities. One person told us, "I go out for a beer and go to the pub every week." One relative told us, "[Name of person who used the service] loves the nail bar and knitting. They have got a lot more to do now than they did." Another relative told us, "Things have definitely improved particularly the activities and generally the atmosphere is happy and jolly."

Information relating to social activities were displayed throughout the service on noticeboards and this included activities at the weekend. People also told us that they were kept informed by the person responsible for activities about up-coming events. Our observations during both days of the inspection showed that people were able to participate in a range of social activities that met their needs. For example, one person was seen to complete a word search. Several people were observed to participate in the service's knitting club. One person told us, "It's lovely to have this, I love knitting." Three people were observed to enjoy a game of Monopoly. One person was overheard to say, "That was great, I really enjoyed playing that." The activities person told us that efforts had been made to engage with the local community. For example, volunteers from a local church visited the service once weekly and the mobile library visited at regular intervals. They also told us that some people had attended the recent local 'Remembrance Parade' in November 2014 and several people had recently attended a Christmas pantomime.

# Is the service well-led?

## Our findings

At our previous inspection in September 2014, we found that the provider did not have an effective system in place to regularly assess and monitor the quality and safety of the service that people received. As a result of a continual breach of this regulation, a warning notice was issued on 23 September 2014 and the provider was required to achieve compliance by 1 December 2014. The registered manager confirmed that following our last inspection concerns raised by us had been taken seriously and additional support had been provided by the organisation's quality team to achieve compliance with regulatory requirements. The conditions of the warning notice had been met and the majority of improvements the registered provider and registered manager had told us they would make had been made, however some further improvements were still needed.

The registered manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people and those acting on their behalf. In addition to this the management team monitored the quality of the service through the completion of a number of audits. This also included an internal review by the organisations quality assurance team in October 2014 and November 2014. Although the latter was detailed and provided a good overview of the service's level of compliance and areas for improvement, there was no evidence to show what had been completed and what remained outstanding. In addition, we found that issues highlighted at this inspection in relation to infection control, safeguarding, staffing, complaints management and records had not been addressed due to the need for further improvements in monitoring the quality of the service.

The registered manager was supported by a deputy manager and senior members of staff. It was clear from our discussions with the registered manager and deputy manager and from our observations that they were clear about their roles and responsibilities.

Comments about the management and leadership of the service were positive and complimentary. One relative told us, "[Name of manager] deals with things very quickly and does not make excuses she just finds solutions." Another relative told us, "I have got a lot of respect for the manager." Staff told us that the registered manager and deputy manager were approachable and that there was an 'open culture' at the service. Staff told us that they would be confident to speak to the registered manager or deputy manager if they had any concerns. Staff also told us that they felt valued.

The manager told us that they were to participate in February 2015 to the 'My Home Life' Essex Leadership Development Programme. This is a 12 month programme that supports care home managers to promote change and develop good practice in their services. It focuses attention on the experiences of people living at the service and supports staff and the management team. They also told us that they had recently agreed to be part of another initiative run by Essex County Council, FaNs (Community Friends and Neighbours). This is a three year programme that supports groups of people and organisations who are willing to take an active interest in the wellbeing of people living in care homes in their local area. This showed that the provider worked together with other external organisations to promote best practice and to keep themselves up-to-date with new initiatives.

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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We found that the registered person had not protected people against the risk of and to prevent the spread of infection. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

We found that the registered person had not protected people as they had not responded appropriately to allegations of abuse. This was in breach of Regulation 11(1)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

We found that the registered person had not protected people as they had not fully investigated complaints made. This was in breach of Regulation 19(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Enforcement actions

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