Nydsley Residential Home

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Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection carried out on the 11 November 2014. At the last inspection in September 2013 we found the provider met the regulations we looked at.

Nydsley Residential Home provides personal care and accommodation for up to fourteen people in a large detached property in its own grounds. Accommodation is provided on three floors with a stairlift for people to use to get to the upper floors. There is a small car park for visitors to use. The home is in the centre of Pately Bridge with all community amenities being close by.

The home has a registered manager who is also one of the owners and has worked at the home for a long time. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We found that there were sufficient and experienced staff on duty each day. We looked at the recruitment processes followed by the home when employing staff. We found them to be robust, which meant that people were kept safe. However staff did not always have the skills to manage people well in some circumstances. This was linked to the lack of the necessary training to ensure they were skilled and qualified to do their job well. Mandatory training for staff was not up to date for all staff working at the home. Staff records showed that some staff had received supervision although not regular whilst other staff had not received any supervision. We did not see any evidence that annual appraisals had been undertaken for staff by the manager

There was a friendly, relaxed atmosphere at the home. People told us they enjoyed living there as it was close to where they had all lived and they had regular visits from their family and friends.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm. We saw that regular checks to ensure that safety equipment such as the fire alarm system were in good working order were regularly being carried out by the owner of the home. However we found that regular servicing of fire extinguishers had not been maintained, which meant that people could have been put at potential risk in the event of a fire occurring. Action was taken to address this on the day of inspection.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines. However this did not include regular auditing by the home.

Although the home did not have any formal systems in place to monitor the cleanliness of the home, for example there were no cleaning schedules in place, for staff to follow which could help to minimise the risk of infection, however, we did not identify any concerns during our visit, about the cleanliness of the home. We found the home was kept clean and free from the risk of infection and there were no odours in any areas we inspected.

All areas of the environment we saw were well maintained although we identified that some work was needed on the hall floor as the old tiles were lifting and leaving bare floor in some places which made it uneven. This meant that people could be at risk from falling.

People's physical health was monitored as required. We saw in the care plans we looked at this included the monitoring of people's health conditions and symptoms, which meant that appropriate referrals to health professionals were made.

No complaints had been received by the home since the last inspection. Notifications had been reported to the Care Quality Commission as required by law.

Staff did not understand how to apply for authorisation to deprive someone of their liberty if they needed to do so. We have asked the provider to make improvements in this area.

We did not see any programmes of activity which were stimulating and meaningful on display or available to people living at the home. People told us that there were occasional activities at the home to stimulate them. Therefore people did not always have access to proper and appropriate activities.

We contacted other agencies such as the local authority commissioners and Healthwatch to ask for their views and to ask if they had any concerns about the home. Feedback from Healthwatch was that no concerns were raised about this service. Commissioners had no concerns around care as people looked well cared for when they visited. Although they did have concerns regarding staff attitudes and practices and a lack of engagement with people living at the home and other care professionals.

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?

Good

The service was safe. People using the service told us they felt safe living at the home and they had no concerns. This was also confirmed by relatives who we spoke with during our inspection. There was sufficient and experienced staff to meet people's care needs well.

The service applied good infection control practices in keeping the home clean and free from odours. The home's environment and furnishings were overall maintained to a good standard, with some minor works being required to ensure people's safety.

Fire risk assessments were out of date needed to be updated. A personal emergency evacuation plan (PEEPS) was not in place for everyone living at the home. Fire extinguishers were not serviced regularly to ensure they were in good working order.

Is the service effective?

Requires Improvement

The service is not effective. People were cared for by staff who had not received appropriate and up to date training for example managing people's complex behaviours, safeguarding, first aid, mental capacity act and Deprivation of Liberty Safeguards (DoLS). Staff did not understand how to apply for an authorisation to deprive someone of their liberty if they required to do so.

Staff had not received regular supervision and annual appraisals. All staff did not have a personal development plan in place to ensure they received appropriate and up to date training to do their job well.

People living at the home were supported to eat and drink and maintain a well-balanced diet. However people did not have access to specialist equipment such as plate guards to maximise people's ability to eat their meals independently where possible.

People's needs were met through the use of appropriate and specialist equipment and furniture as the homes environment had been adapted to ensure that people's movement was not restricted.

Is the service caring?

Good

The service was caring. People told us they were happy with the care and support they received and their 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. The atmosphere in the home was calm and relaxed.

We saw people's privacy and dignity was respected by staff.

Summary of findings

Staff had a good relationship with people and knew their likes and preferences and people told us that overall staff were caring.

People were supported to maintain contact with their relatives if they wished and there were no restrictions to visitors.

We saw that there were no plans in place to support people at the end of their life. This would demonstrate how the home managed a person's end of life.

Is the service responsive?

Good

The service was responsive. People did have choices regarding their daily routines. For example when people wanted to go to bed or when they wanted to get up.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and relatives. We saw people's care plans had been updated regularly when there were any changes in their care and support needs

No complaints had been received by the home. People knew how to make a complaint if they felt the need to do so.

There was no regular programme of activity available for people to access within the home or in the community. People were not encouraged or enabled to pursue stimulating or fulfilling activities if they wished to do so.

Is the service well-led?

Requires Improvement

The service was not well led. There were some systems in place which monitored the quality at the service. Audits had not been carried out regularly in areas such as medication, environment and infection control.

We saw evidence that most equipment used within the house was checked in line with the requirements of health and safety standards.

Staff meetings were not held regularly. This meant that staff did not always have the opportunity to discuss current good practice and any issues that they may have identified whilst working at the home.

Incidents and accidents were not been analysed and risk assessment devised where necessary and used to reduce the risk of a reoccurrence.

There was no evidence that staff were involved as part of quality assurance monitoring as we did not see any evidence that staff were surveyed for their views.

Nydsley Residential Home

Detailed findings

Background to this inspection

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

We inspected all 21 Key Lines of Enquiry (KLOE's) and used a number of different methods to help us understand the experience of people who used the service. We spent time speaking with five people individually and four people were spoken to as a group. We also spoke with three visitors to the home, two care staff and the manager of the home.

The inspection team consisted of two adult social care inspectors and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spent eight hours observing how people were being supported and cared for.

We looked at how six people's care and support was being carried out. We looked at the recruitment and training records of three members of care staff. We observed a mealtime which was lunchtime. We also observed how medication was being given to people.

Before the inspection, the provider completes a Provider Information Return (PIR). This is a form that ask the provider to give some key information about the service, what the service does well and improvements they plan to make. This document should be returned to the Commission by the provider with information about the performance of the service. We did not receive this information as the provider did not receive this as the service does not have a computer.

We also reviewed other information we held about the service including notifications.

We contacted the local authority commissioners and Healthwatch to ask for their views and to ask if they had any concerns about the home. Feedback from Healthwatch was that no concerns were raised about this service. Commissioners had no concerns around care as people looked well cared for when they visited. Though they had no concerns about the care people received at the home they did not think the home engaged positively with other care professionals

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. We spoke with five people individually and four people were spoken to as a group. One person told us, "My daughter and her husband wouldn't stand for it if I wasn't treated properly. I would be honest with them if I wasn't happy" and "Both night and day support is good."

One relative told us that they felt their mother was safe and that they could trust the staff to look after their mother well.

People told us they were free to leave the building if it was thought safe for them to go out alone and people were free to move around the building for example between the communal lounge and their individual rooms. We observed throughout the day that staff encouraged people to use their walking aids to move between rooms which offered them independence but also safety from trips and falls.

On the day we visited there were three care staff on duty. One of the carers was the senior person on duty. The manager was off duty at the time of our visit but returned to the home to be available during our inspection. People living at the home told us that staff were all familiar to them with staff covering for each other during sickness and holidays meaning little or few agency staff were ever used, creating an environment that was secure for them. The manager showed us the staff duty rotas for the last two weeks. We saw from the rotas we looked at that there were three care staff on duty each day, which meant that people were supported by sufficient staff to meet their care needs.

Individual risk assessments were completed for people who used the service. We saw from records we looked at that the risk assessments had been reviewed regularly. Staff were provided with information as to how to manage these risks and ensure people were protected. Staff were familiar with the risks people might experience and knew what steps needed to be taken to manage them. They were able to describe how some situations deemed to be risky had been managed.

The provider had the local authority' safeguarding policies and procedures in place to guide practice. We looked at the training records for three care staff. Records showed that staff had last received safeguarding training in 2011 therefore, care staff did not have up to date safeguarding training. This meant that people could have been put at potential risk from abuse because staff did not have the necessary training. The manager informed us that safeguarding refresher training had been booked for staff for the 6 December 2014. Staff told us what steps they would take if they suspected any form of abuse.

We recommend that the provider ensures that staff receive the necessary training so that people are not put at risk from abuse.

We looked at how the home managed medication. We observed medication being given to people. We looked at the medication for three people, including someone who was receiving a controlled drug. We saw controlled drugs were stored in an approved wall mounted, metal cupboard and a controlled drugs register was in place. We completed a random check of controlled drugs stock against the register for one person and found the record to be accurate. We also randomly checked two people's medication from the monitored dosage system (MDS). These were found to be accurately maintained as prescribed by the persons GP. However we saw that prescribed creams for people were not being recorded on their medication administration record (MAR) as required. The manager agreed to commence recording these. We were told by the manager that the pharmacist regularly visits the home. However, we did not see any records of formal medication audits being completed. Medication was replenished weekly as the home's medication was provided by the local pharmacist, who supplies them in sealed dossette boxes.

We saw that staff responsible for administering medication had received training in how to do this safely. Staff told us that the manager regularly carried out observations of competency. This meant that people could be confident that medicines were administered by staff who were properly trained. We saw that medicines were stored securely and appropriately and staff had recorded correctly, leaving a clear audit trail.

We spoke with staff about people who may not be able to vocalise when they were in pain and needed pain killers. Staff were able to demonstrate their knowledge about the people living at the home and were able to give good examples how they would recognise if and when anyone was in pain. We spoke with a senior carer about how the home may consider using good practice guidance such as the Abbey Pain assessment tool for recording how people's

Requires Improvement

Is the service safe?

pain is managed. The senior carer said that they would consider accessing further information and good practice guidance to enhance people's care. As the home did not have a computer this made accessing information difficult.

We saw from the rotas we looked at that there were dedicated cleaning staff at the home. Although we did not see cleaning schedules or any practice guidance, all areas of the home were clean and well maintained. There were policies and procedures in place re infection control though these could be improved to provide staff with more direction

The environment of the home overall was maintained well, although we saw that some work was needed on the hall floor as the old tiles were lifting and leaving bare floor in some places which made it uneven. This meant that people could be at risk from falling. Due to the limitations of the environment due to the age of the property there was little in the way of adjustments that could be made. Although adaptations to ensure people were kept safe as possible had been made. For example a stair lift had been installed and a hoist in one of the bathrooms for those people who required assistance. Although all of the communal areas felt warm. We felt that some areas for example two bedrooms, felt colder than other parts of the home. We therefore took some air temperature readings and found that the air temperature varied from the lowest being 19.6C to 24.3C. People we spoke with confirmed that they felt warm.

We saw that maintenance checks had been carried out regularly by the owner. Safety checks for gas, electric, fire alarms and lifting equipment had been completed and were up to date which meant that people could be confident that the equipment they were using was safe and fit for purpose.

We checked the records for when last the fire equipment was serviced. Records showed that fire extinguishers were last services on the 12 December 2011. This meant that people could not be confident that the equipment they were using was safe and fit for purpose. Following the inspection the manager confirmed to the Commission that all fire equipment had been serviced on the 4 December 2014. The provider must ensure these are regularly checked in future.

The fire risk assessment we saw needed to be updated as there were several rooms on the top floor that were now not in use. We did not see in any of the care plans we looked at a personal emergency evacuation plan (PEEPS) in place for everyone living at the home. This meat that people living at the home could be put at risk.

The local authority told us that their financial auditors had recently completed an audit of people's finances at the home and found the service to be compliant with their contracting guidelines.

Requires Improvement

Is the service effective?

Our findings

People who used the service were very complimentary about the staff at the home saying that if they needed a doctor or if they needed something from staff they respond promptly whether it was day or night. People told us that the doctors come out to see them if they are ill or if they ask staff to call for them. One relative who was visiting the home was complimentary about the manager saying she knew how to treat their relative in a way that was effective.

We spoke with two members of staff who told us that there were always three care staff on duty each day. One member of staff told us that the 'staff team was good' and that the manager was available and on call for advice when needed as were other members of staff who lived in the village.

Staff told us they did have opportunities to talk to the manager if they wanted to discuss anything but this was usually on an informal basis. We looked at two members of staff files. One staff file we looked at showed the member of staff last receiving formal supervision in March 2013 and there were no records of supervision in the second member of staff's file. We saw that mandatory training such as safeguarding, first aid, mental capacity act and Deprivation of Liberty Safeguards (DoLS) was not up to date for most staff, although arrangements had been made for staff to receive safeguarding training in December. The training certificates we saw in staff files which many related to previous employment. This meant that staff were not supported or had access to relevant training as they were not given the opportunity to discuss their development and training requirements. Although the staff we spoke with told us they felt that they received good support from the manager. This was a breach of Regulation 23 (Supporting Workers), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is because the provider had failed to support staff working at the home.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. People were not restricted from leaving the home as people told us they went out when they wanted too. We looked at a total of six care plans. Five of the care plans we looked at showed the manager had not assessed people in relation to their mental capacity, to determine if people were able to make their own choices and decisions about their care. However, in one care plan we saw that there had been a best interests meeting with the appropriate people being involved. Best interest decisions are a collective decision about a specific aspect of a person's care and support made on behalf of the person following consultation with professionals, relatives and if appropriate independent advocates. Staff did not fully understand how to apply for authorisation to deprive someone of their liberty if they needed to do so. We discussed this with the manager, although currently we were informed there was no one at the home that required this intervention.

We recommend that the provider ensures that staff receive the appropriate training so that people are not deprived of their liberty unnecessarily.

We looked at six people's care plans. We saw in two of the care plans we looked at where people's consent had been obtained and where people had been involved with decisions about their care, we saw this had been recorded. We saw that action had been taken when people's needs had changed. For example one person required specialist equipment/ aids that would improve their independence. We saw that this had been actioned by staff at the home and the person had in place the equipment they needed. We also saw in one care plan where the home had arranged for a Parkinson's nurse to visit regularly and arrangements made for the person to receive physiotherapy.

We sat in the dining room and observed what the lunchtime experience was like for people living at the home. Overall, the dining experience appeared to be very relaxed with the tables dressed with fresh flowers, table cloths and napkins and place settings laid out before the meal.

Due to it being a small service the main meals were cooked at lunchtime and mainly there was only one choice although, we were told by staff if it was definitely not liked by a resident then an alternative was usually found. People made comments about the food such as, "The food is lovely, we don't get a choice but if we don't like something they will find something else for me." Although two people said the food was 'alright'.

We observed good interaction between people living at the home and staff during lunch being served. We saw that

Requires Improvement

Is the service effective?

people were asked by staff if they had enjoyed their meal. People living at the home chatted in a relaxing manner over lunch about a visit the day before from some dancers saying, "It was very entertaining, I thoroughly enjoyed it." However, we observed that one person needed to use a spoon to eat the main course but no plate guard was fitted and so they had to use their finger on their other hand to stop it going off the plate. A plate guard attached to the person's plate would have stopped the food sliding of the plate allowing the person to remain independent whilst preserving their dignity. Dessert was served with a large spoon which was unmanageable and did not retain the person's dignity using it as they ended up with custard dripping on their face and lap. The provider needs to ensure that the need for aids to daily living to enhance people's experiences are regularly reviewed and that the required support is provided.

Good

Is the service caring?

Our findings

We saw that people were treated with kindness and respect during our visit. People who lived at the home and their relatives were very complimentary about staff.

We spoke with a total of nine people who lived at the home and three visitors. Everyone living at the home that we spoke with were able to express their feelings. One stated "The staff are all very good at helping me. I tell them if something isn't right." Another person said "It is like living in a Manor house."

We spoke with three visitors two of whom were relatives. They told us that they felt comfortable about the times they were able to visit and were unaware of any restrictions. A visitor stated "I am happy with the care and (name of person) enjoys being here. I enjoy visiting".

We saw throughout the day that several people spent time in the main lounge whilst others enjoyed spending time in their own rooms. During our inspection we sat in the main lounge after lunch. We observed good interaction between staff and people living at the home. Six people sat in the lounge and continued chatting to staff and between themselves about a visit the day before from some dancers. We heard people making comments such as "It was very entertaining, I thoroughly enjoyed it." We observed a care worker sitting in this lounge with people who chatted whilst offering to manicure their nails for them. We observed people chatting about Christmas and their families. We saw that staff knew people and their families well and were able to discuss at length with people what was interesting to them. Life and/ or personal histories of people were detailed in their care plans. This ensured that new members of staff working at the home, knew people's interests.

People were observed accessing all areas of the home with ease. We saw that people's rooms had been personalised with their own personal effects. Everyone spoken with told us that staff always knocked on their door before they entered to promote their privacy and dignity.

None of the six care plans we looked at dealt with issues regarding to people's end of life care. The home had not considered obtaining people's advanced decisions relating to how they wanted to be cared for when they were at the end of their life. We saw that there were do not attempt resuscitation (DNAR) forms in people's care plans, which had been appropriately completed by the person's doctor. However, there were no details recorded in care plans as to how people wanted to be cared by the home when they were at the end of their life. This meant that staff were not clear as to how people wanted their care needs met when they were at the end of their life. The provider needs to ensure that this area of care is appropriately reviewed with people and their wishes clearly recorded.

Good

Is the service responsive?

Our findings

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We saw that care plans we looked at contained detailed information which was individual to people. There were good examples of personalised care reflected in people's care plans which promoted people's independence. People's daily routines were also identified. For example how people's religious beliefs were being met by the home. Care plans were being reviewed and where changes were made these were being acted upon.

We reviewed the care plans of six people living at the home. People's care plans contained several sections which covered for example, an initial assessment, life history, medical history, including body maps, risk assessments relating to pressure sores, mobility and dexterity and diet and weight. Care plans we saw contained information on the person's likes or dislikes.

We found each care plan had been regularly reviewed and where necessary changes had been made to reflect people's changing needs. Where accidents or incidents had occurred we found detailed recordings in each person's care plan with actions as to how to reduce the risk.

There were separate areas within the care plan, which showed specialists had been consulted over people's care and welfare. These included health professionals such as the GP and District Nurses. There were weaknesses in care plans for some people who experienced challenges/ distressed reactions. The care plans we looked at detailed people's complex care needs including people's behaviours. However, none of the care plans we looked at had a plan of support or triggers or any analysis of trends for people's behaviours. This meant that staff were not always clear as to how they should approach and manage some people's complex behaviours. We saw that staff on occasions had made inappropriate recordings in some people's care records and had used some derogatory language. We discussed this with the manager in our feedback at the end of the inspection. We also found that care plans were disorganised so it was difficult to locate and follow a pathway of care.

We asked people about how they spent their days. Most people told us that there was occasional activities such as some dancers had visited the home the previous day. People told us that activities were not held daily or weekly but occasionally. People told us that some of them went out with their relatives. We did not see a visitors signing in book evident nor a relative or resident's notice board, which detailed up and coming activities in the home or information about up and coming events in the local community. This meant that people living at the home did not have access to information of activities taking place in the home or any events that they may wish to attend or participate or were occurring in their local community. People we spoke with seemed relaxed and contented, with no one referring to boredom or lack of stimulus although there was no planned activity for that day.

We saw from the surveys that had been carried out by the home in December 2013 that people had made positive comments such as 'I have not had any complaints or problems in the last three years my mother has been at Nydsley.' We spoke with nine people living at the home and three visitors during our inspection. Everyone we spoke with said they were comfortable in speaking out and that they knew who to raise concerns with and that they would be dealt with in a satisfactory manner. One person living at the home said "I've been here a while now and know if I say something they will sort it out."

The registered manager told us that they had received no complaints since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

It was clear during our inspection that people approached staff easily and interactions were viewed to be positive. We saw that staff spoke to people using their preferred name and included them in discussions. There was a settled staff team at the home and it was clear that they knew people living at the home very well.

We spoke with the manager during our inspection. We found that the manager had good knowledge about the people that lived there. We observed how people living at the home interacted with the manager and everyone living at the home were aware of the manager's name and their role.

We looked at the minutes from the last staff meetings. We were told by the manager that the last one was held in March 2014 we were given a copy of the minutes from this meeting. There was no evidence of other staff meetings held since. This meant that staff meetings were not always held regularly to ensure staff had the opportunity to discuss current good practice and any issues that they may have identified whilst working at the home. We spoke with two members of staff who told us they received good support from the manager of the home. One said, "We have regular meetings with the manager."

There was a registered manager in post to provide support and guidance to the staff where it was needed. However we were not clear as to how many hours the manager worked or when they were available as they did not appear on the rota. Also on several occasions when the Care Quality Commission had rung the home to speak with the manager, staff were unaware of when the manager would be available for us to speak with them. We discussed with the manager that people living at the home, their relatives and staff must know the availability of the manager in the event of people wanting to speak with them.

We saw from the surveys that had been carried out by the home in December 2013 that people had made positive comments such as 'I am quite happy with everything'. We did not see that a survey had been carried out in 2014. We discussed staff's involvement in quality assurance with the manager as we did not see any evidence that staff were surveyed for their views.

Records showed that staff recorded all accidents and incidents that happened at the home. However we did not see from this information that accidents were analysed or a risk assessment devised where necessary and used to reduce the risk of a reoccurrence.

We saw evidence that equipment used within the house was checked in line with the requirements of health and safety standards. However we did not see that the manager had carried out regular quality audits in other areas such as fire equipment, medication, environment and infection control to identify where any failings were and what action plans were needed to be put in place to ensure any issues were addressed. This was a breach of Regulation 10 (Assessing and monitoring the quality of service provision), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is because the provider had failed to undertake regular audits to identify assess and manage risks to ensure people were protected from unsafe care.

We found that some staff received some supervision whilst other members of staff did not. This meant that some staff were not supported to do their job well. Staff were unable to access the Care Quality Commissions web site and the National Institute of Clinical Excellence (NICE) and any training they may need to ensure they all kept up to date with current practice and guidance, as the home did not have a computer for staff to use. We discussed this with the manager during our feedback, as we felt that this greatly disadvantaged the staff team in making sure their practice was kept up to date and effective to ensure that they were providing a good quality service for people living at Nydsley.

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 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **The provider had failed to protect people against risk associated with not providing appropriate training, supervision and appraisal for staff working at the home.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The provider had failed to protect people against the risks of inappropriate care and treatment by not having systems in place to regularly assess and monitor the quality of the service and to identify, assess and manage risks.**