Littlecroft Residential Homes Ltd

Longcroft Cottage

Inspection report

Longcroft Farm, Blaisdon Road, Westbury on Severn,
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Tel: 01452 760747
Website: NA

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Ratings

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

Overall summary

This inspection took place on 4 August 2015 and was announced. Longcroft Cottage provides accommodation for up to three people with a learning disability and sensory disabilities. At the time of our inspection there were three people living there. People had a range of support needs including help with their personal care, moving about and assistance if they became confused or anxious. Staff support was provided at the home at all times and people required supervision by one or more staff when away from the home. Each person had their own room, they shared a bathroom and shower room as well as living and dining areas. The home was surrounded by gardens which were accessible to people.

There was a registered manager 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 and associated Regulations about how the service is run. The registered manager was also the registered provider of Longcroft Cottage and was supported by another manager to help run the service.

Summary of findings

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

People were put at risk by poor infection control systems. The area where their washing was done did not provide suitable hygienic facilities for their laundry or for staff carrying out these duties. Although there were plans to develop cleaning schedules and comply with national guidance on the prevention and control of infections these had not been put in place. When people were deprived of their liberty to keep them safe from harm, the relevant authorisations had not been requested. People's records were not being archived or destroyed to make sure staff had access to the most up to date information about people. People did not benefit from staff who had been able to maintain and renew their skills and knowledge in line with best practice guidance and changes in legislation. The registered manager did not have robust quality assurance processes in place to monitor, assess and review the quality of care and support provided and to drive through improvements.

People's changing needs were recognised and they had access to community professionals when needed to help them to stay well and to manage their health and well-being. Staff understood how to keep people safe and what to do should they suspect harm or abuse. People enjoyed a range of activities in their local community such as coach driving at a local riding stables or swimming. When at home they helped with the housework or enjoyed sensory activities including the use of sound, images and massage. People kept in touch with people important to them through the telephone, letter or visits.

People had positive relationships with staff. They were treated with respect and sensitivity. When upset or distressed staff gently calmed them offering alternative activities or a drink. Staff understood people well and knew how to interpret their behaviour and body language. Staff used different ways to communicate with people including sign language, word books and photographs. Staff were supported by one to one meetings and occasional staff meetings. They said they worked well as a team and communication in the home was very good.

The managers worked closely with each other and staff to make sure people's needs were met and their changing needs were responded to appropriately. The registered manager challenged poor practice and was open and accessible to staff whatever their issue or problem. The managers had completed some of the actions identified from a recent local authority audit and were working to address other issues.

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. There were poor arrangements in place for the management of people's laundry which could potentially put them at risk of becoming unwell.

When new staff worked in the home without all of the necessary checks in place there was no written record of their duties and responsibilities until the records were received.

The management of medicines did not follow national guidance about how to keep medicines to prevent them from deteriorating.

People were safeguarded from the risk of abuse by staff who understood how to recognise and report suspected abuse. Risks to people were managed promoting their independence.

Is the service effective?

Requires improvement

The service was not effective. People were not being supported by staff who had the opportunity to maintain and refresh their skills and knowledge, to make sure they provided a service which reflected national guidance and best practice.

Where people had been deprived of their liberty due to restrictions in the home or the level of support they required to go out and about, the relevant applications had not been made to put a deprivation of liberty safeguard in place.

People were supported to stay well, to have a diet of their choice and to see health care professionals when their needs changed.

Is the service caring?

Good

The service was caring. People were treated with kindness, patience and sensitivity. Staff gently helped them when upset or distressed to become calm.

People were supported respectfully and with dignity. They were encouraged to be as independent as they could be. People communicated in a variety of ways and staff understood how to interpret their facial expressions, sounds and body language.

Is the service responsive?

Requires improvement

The service was not always responsive. People's care records did not provide staff with all the information they needed such as their personal histories and individual preferences or future aspirations. Care records were not being archived or destroyed at appropriate intervals increasing the risk of inappropriate care being provided.

Summary of findings

When people's needs changed their care records were updated to reflect these. People's care records were being reviewed with people important to them.

People had access to activities they enjoyed doing which included time spent in their local community.

People's behaviour and responses were interpreted to gauge whether they were happy with the service they received.

Is the service well-led?

Requires improvement 

The service was not always well-led. Quality assurance audits were not effective and failed to identify shortfalls in systems operated within the home.

People and those important to them were asked for their views about the service provided. Any feedback was used to drive improvements.

The managers were open and accessible, working closely to promote effective teamwork and communication.

Longcroft Cottage

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.

The inspection took place on 4 August 2015 and was announced. 24 hours' notice of the inspection was given because the service is small and the manager and people are often out of the home. We needed to be sure that they would be in. One inspector carried out this inspection. Before the inspection we reviewed information we have about the service including past inspection reports.

Information had been shared with us by a local authority quality assurance team. We also looked into some concerns which had been raised with us about staffing levels, care records and systems for the management of finances and medicines.

As part of this inspection we observed the care provided for three people living in the home. We spoke with the registered manager, a representative of the provider and two care staff. We reviewed the care records for three people including their medicines records. We also looked at the records for four staff, quality assurance systems and health and safety records. We observed the care and support being provided to people. After the inspection we contacted two social care professionals and spoke with the local authority quality assurance team.

Requires improvement

Is the service safe?

Our findings

People were put at the risk of acquiring infections by the lack of appropriate facilities to wash their laundry. A washing machine had been installed in a building near the house. This building did not have a washable floor or washable walls. A hand wash basin was installed but this was not working. The building was not clean or hygienic and contained a significant amount of disused fixtures, fitting and equipment. A domestic style washing machine was used, which could wash soiled linens at high temperatures. There were no sluicing facilities should they be needed. The registered manager said soiled linen was placed into red bags to wash at high temperatures but this was rarely needed. People who needed support to manage their continence were supplied with incontinence pads which were bagged and disposed of in the domestic waste facilities. The registered manager will need to make sure these arrangements are acceptable with the local authority. Daily records confirmed people occasionally became incontinent of both urine and faeces. There were inadequate systems to provide or maintain a clean and appropriate environment to prevent and control infections in line with The Health and Social Care Act 2008 code of practice on the prevention and control of infections.

The registered manager shared draft records to establish infection control systems such as a cleaning schedule for areas around the home. These had not yet been put in place. An annual statement, as required under the code, to be written by the infection control lead had also not been produced.

People were not being protected against the risks of infections spreading and the provider had failed to take account of the code of practice on the prevention and control of infections. **This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People were supported by staff who had completed training in infection control and who had access to personal protective equipment such as aprons and gloves. Liquid soap and paper towels were provided. There had been no outbreaks which needed to be reported. The home had been inspected by the local environment health agency in May 2013 and received the top award of five stars. Food hygiene systems had been maintained, the necessary records kept and appropriate actions taken by staff. A walk around the home confirmed areas had been kept clean and there were no odours.

People were protected by recruitment practices which made sure the checks and records required by law were in place before they started work. Each applicant had completed an application form and were asked for a full employment history. The registered manager had not always provided written evidence of the gaps in employment history but confirmed they knew the reasons for them, such as unemployment. When staff had worked previously with adults or children their previous employers were asked the reason why they left their employ. When staff started working before a Disclosure and Barring Service (DBS) check was returned they did not provide personal care or support people alone. A DBS Adult First check had been received. A DBS Adult First check can be used in cases where, exceptionally, a person is permitted to start work with adults before a DBS Certificate had been obtained. The registered manager described the duties they would perform and how a senior carer would supervise them whilst on duty. This was not however recorded in a risk assessment which could potentially lead to people receiving care and support from staff who did not have the competence and skills to meet their needs.

The registered person had failed to put in place clear risk assessments to describe the duties and responsibilities of new staff working without all the necessary checks in place. **This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People's medicines were administered safely but there were problems with the overall management of medicines. People received their medicines at times they wished to have them and if they had been prescribed medicines to be taken "as needed" these were given appropriately. Each person had a care plan and risk assessment describing the medicines they had been prescribed and how these were to be taken. The GP had authorised for two people to have their medicines either with or in yoghurts because they disliked taking them with fluids. The GP had agreed for the use of homely remedies although this authorisation was given in 2011 and needed to be updated in case people's prescribed medicines had changed.

Requires improvement

Is the service safe?

Staff had completed training in the safe handling of medicines in 2010 and 2012. Observations of their practice had been carried out to make sure they were competent. The registered manager said they would be arranging refresher training. Medicine administration records (MAR) were kept correctly with staff countersigning any handwritten instructions or alterations. There were no gaps in the administration records and staff were observed giving people their medicine and then signing the MAR. Stock levels for medicines were kept on these records. Additional stock records were being put in place for medicines which were not kept in blister packs. The temperature of the medicine cabinet had not been monitored. Medicines must be kept in line with national guidance at a temperature of 25°C or below so that medicines do not spoil.

People were kept safe from the risks of potential harm due to emergencies. Each person had a personal evacuation plan in place which described how to support them to leave the home in an emergency. Fire evacuation procedures had recently been reviewed. Fire equipment had been serviced and the registered manager had resumed fire drills and tests of fire equipment at the appropriate intervals after recent local authority audits of the service in May and July 2015. A business continuity plan had been discussed and strategies were being put in place should people need to be evacuated from the home for a significant period of time. Environmental risk assessments were in place. Day to day maintenance was carried out when needed and deep cleaning of carpets or redecoration of the home was done when people were on holiday.

People were supported to take risks to maintain their independence. Any known hazards had been identified and strategies put in place to prevent harm or injury to people. For example, due to changes in their mobility and physical well-being one person now used a wheelchair when out in the community. Wherever possible the least restrictive solution was taken. A person at risk of seizures had sensors in their room to alert staff should they need help during the night. There was evidence changes in people's needs had been reflected in reviews of their risk assessments or new risk assessments developed if needed.

People interacted positively with the staff supporting them. Staff had a good understanding of how to keep people safe from harm and were aware of their responsibilities to raise concerns about suspected abuse. They had confidence the management team would listen to them and take the necessary action. The safeguarding policy and procedure had been reviewed to include contact details of organisations to be notified should any abuse be reported. Information was displayed around the home to prompt staff about what they should do. There had been no accidents or incidents recorded over the past 12 months. A safeguarding alert had been raised with the local authority on the basis of concerns raised. This had been investigated by them and no evidence was found to substantiate the concerns. People's finances were thoroughly managed to protect them from financial abuse.

People were supported by sufficient staff to meet their needs. One person needed two members of staff to support them when out and about in their local community. Otherwise people had the support of one member of staff during waking hours. Two members of staff slept in overnight. The registered manager said this had been a long term arrangement and worked well. People were observed having individual support for personal care and to do activities of their choice. Staff said there were sufficient staff to cover any vacant shifts. The management team were always available to help out if needed. Staff said clear procedures were in place to challenge poor practice. The registered manager described disciplinary procedures which had been followed when a member of staff had failed to complete their probationary period.

Requires improvement

Is the service effective?

Our findings

People were supported by staff who had not always had the opportunity to continue their professional development or to refresh their skills and knowledge. There were no systems in place to assess the competency of staff and their on going understanding of training they had completed some years previously. Refresher training had been completed by some staff and had been arranged for other staff in subjects such as moving and handling, autism awareness, nutrition, fire safety and medicines. All staff had done training in 2015 in food hygiene and infection control. No staff had completed training in behaviour management support which would provide them with the understanding and skills to effectively help people when distressed or upset. For example, understanding how they could guide people out of harms way safely. The impact of this was that staff had not kept up with changes in legislation or national best practice to make sure people received a safe and personalised service.

The managers had been looking into a range of training providers who would deliver training either in the home or externally as well as some on line training. They did not presently have any links with local or national organisations to keep up to date with service specific guidance about best practice. New staff had been offered an induction based on the common induction standards. The registered manager was aware of the new care certificate and the need to introduce this as part of their induction programme.

Staff did not always have the skills and knowledge to care for people. **This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People benefitted from staff who had individual meetings with managers to discuss their roles and responsibilities. Staff confirmed they had these meetings as well as being able to attend the occasional staff meeting. The registered manager said they aimed to hold individual meetings (or supervisions) every two months. Minutes of these meetings indicated staff had attended between two and four meetings during 2015 which indicated not all staff were having appropriate levels of supervision. Annual appraisals had been carried out for staff who had worked over two years, when they reflected on their performance and their training needs. Areas identified for support included epilepsy training, which the registered manager said they were trying to schedule.

At the time of our inspection visit there had been no assessments requested for people relating to restrictions on their liberty, although the registered manager was aware of the latest guidance in relation to the Deprivation of Liberty Safeguards (DoLS). The DoLS protect people in care homes from inappropriate or unnecessary restrictions on their freedom. The registered manager had been prompted after a visit by the local authority in May 2015 to submit applications for restrictions to people's liberty such as the use of stair gates on the stairs and people needing supervision by staff when leaving the home. The registered manager said no applications had yet been made for authorisation to deprive people of their liberty.

The provider was not acting in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. **This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People were offered choices about their day to day lives such as what to wear, eat and drink and what activities they would like to do. Staff encouraged people to make decisions by offering them visual objects or pictures to help them to choose their preferences. People had been assessed by their placing authority as being unable to make decisions about their care and support. People's care records did not evidence this or whether they were able to be involved in decisions about such things as the administration of their medicines, the management of their finances or any restrictions which were in place. The registered manager had just completed refresher training in the Mental Capacity Act 2005. She said she had a form which could be used for this purpose and intended to use these to evidence people's capacity to make decisions about their care and support and to record any decisions made in their best interests.

A best interests' meeting had been held on one person's behalf, with their representatives and community professionals. A decision or action taken on a person's behalf must be made in their best interests where a person had been assessed as lacking capacity to make a decision. Records had been maintained to evidence this decision, which was being monitored and under review by community professionals. One person had an end of life

Is the service effective?

plan in place. They also had a "do not attempt cardiopulmonary resuscitation (DNACPR) order". This had been authorised by their GP after discussions with their family and other community professionals and clearly stated whether the person was able to be involved in this process and the reasons for this decision.

Occasionally people became upset or distressed and staff understood how to help them to become calmer. They described the strategies they used to engage with people in a positive way such as going for a walk, offering a drink or changing activities. Staff were observed using these forms of distraction effectively. Care records provided guidance for staff about what was likely to upset people and routines which were important to them to help them keep control of themselves and their environment. Staff said input from community professionals was a vital part of this process. The registered manager shared with us feedback from a community professional which stated, "A very successful series of interventions that have resulted in a better understanding of [name] and the appropriate responses for which the staff should be commended."

People were involved in deciding what they should eat or drink. They chose meals from a file containing photographs of a range of meals. Snacks and drinks were provided throughout their day. People liked to occasionally go out for a meal or for a takeaway. If people indicated they did not want the meal being offered an alternative could be provided. Some people needed a soft diet, so their food was liquidised to a consistency recommended by the speech and language therapist. There was guidance about how they should be helped with their meals and which crockery and cutlery to use. Staff were observed following this. People's fluid and food intake was closely monitored when needed, for instance if they lost weight. Whilst people's weights were not recorded regularly the registered manager said a visual check was made and they periodically took people to a local day centre where they could be weighed on specially adapted scales.

People had access to health care professionals to help them to stay well. Staff identified any changes in people's health or well-being and referred them promptly to the appropriate health care professional. For example, significant changes in the health of one person were raised and medicines were prescribed to alleviate their condition. Staff worked closely with health care professionals to keep them up to date with on going changes so that the appropriate course of treatment could be prescribed. Health action plans evidenced people's medical history and any appointments they had with a description of any action taken. Each person had an annual health check. Hospital assessments, providing people's medical history, were available should people need to be admitted to hospital in an emergency.

Good

Is the service caring?

Our findings

People were treated with kindness, patience and sensitivity. Staff had a very gentle approach with people, reassuring them when needed and encouraging them to do things for themselves. Feedback to the provider from a relative included, "I find all the staff very friendly, helpful and supportive." People's religious and cultural backgrounds were highlighted in their care plans. People were supported to participate in age appropriate activities using local facilities enabling them to be integrated into their local community. People's needs were changing due to their age and staff had acknowledged this by adjusting their care and support to reflect any changes in their routines. For example, one person had considerably slowed down so staff made sure they supported them at their own pace, not rushing them.

People had different ways of communicating with staff. Some people used sign language and one person had a word book with pictures and photographs to aid them to express themselves. Staff were observed using objects to give people choices about what to eat or drink. The registered manager described how they showed people a choice of clothes so they could decide what to wear each day. Staff described how they understood people's emotions or feelings by interpreting their behaviour, sounds or facial expressions. They took note of these and adjusted the care and support provided accordingly. For example, one person was unsettled so after reassuring them staff encouraged them to help complete their usual routines and then took them out for a walk. Staff made sure people were given information and explanations about changes in routines so that they did not become too anxious.

When people were upset or distressed staff responded to them quickly offering comfort and helping them to become calmer. Staff described how they had supported people when unwell and how they monitored people closely escalating any concerns to the managers or community professionals.

People's right to a private life was respected. One person liked to use a small lounge for their personal use and staff supported them to do this. People's care records were kept securely in the office, with copies kept securely in cupboards in the lounge. People's care plans prompted staff to treat people at all times with dignity and respect when delivering personal care. Daily records stated people had been "asked" if they wished to go to bed, to get up or to do activities. If they refused their wishes were respected.

People were encouraged to help around their home by clearing away the table, helping to wash up or to take the recycling to the bins. One person did not like to cook but enjoyed being in the kitchen when food was prepared or cakes baked. People were observed choosing what to do and where to spend their time.

People's relatives and people important to them kept in touch by telephone or letter. Some relatives visited and were invited to join people at celebrations, bank holidays or meet up with them when on holiday. A relative told the provider, "Thank you for making me feel so welcome when I visit" and "Your thoughtfulness is appreciated". People did not have any advocates but the registered manager said their families were involved in their care and support. They attended reviews or best interests meetings either in person or by teleconference.

Requires improvement

Is the service responsive?

Our findings

People's personal records had not been maintained in line with the Data Protection Act 1998. Care records dating back to 2009 were still stored on people's personal files along with care records currently in use. This could potentially lead to staff using the wrong records. A record had not been provided to reflect people's past histories, their individual interests, routines or aspirations for the future. The registered manager said they planned to replace the document which should have been used to give an individualised account of their preferences and wishes. Neither of these documents had been completed. The registered manager had not made sure that records had been created, amended and destroyed in line with current legislation and nationally recognised guidance. **This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People's needs had been assessed by social and health care professionals who were also involved in reviews of their care with people's relatives and staff. When people's needs changed action was taken to involve the appropriate community professionals, to update their care records and to make sure the care they received reflected their changed needs. For example, a person had recently developed epilepsy and so they were monitored closely overnight to make sure they were not having seizures. New monitoring devices had been installed and their care records described the care and support to be provided during and after seizures. The registered manager described how they supported people to manage their continence. People had been assessed to use incontinence pads but were still given the opportunity to use the toilet at intervals throughout their day. This ensured people remained as independent as possible and respected their dignity.

People were supported to follow their interests and to take part in a range of community activities. One person enjoyed coach driving at a local riding club and another person liked to go swimming. Staff were helping people to adjust as they became older and they were physically unable to take part in activities they formerly enjoyed. For example, one person used to go for long walks in the countryside but when well was supported to walk around their garden and to go for drives. Staff had also developed sensory environments within the home for people to relax and enjoy different stimuli such as lights, sounds and massages. People went to community day centres to meet with other people. They enjoyed holidays to the seaside and day trips to places of interest. They were also supported to keep in touch with people important to them.

People with a sensory disability were supported to be as self-sufficient as they could be around their environment. People with poor mobility had access to equipment encouraging them to get around their home independently. A person had recently been diagnosed as living with dementia. Staff had completed training in dementia awareness so they could support them and adapt their environment, in line with current best practice, as their dementia advanced.

People's behaviour and response to situations indicated to staff when they were unhappy or unsettled. Staff said although people could not make a complaint they could express their dissatisfaction. If they refused care or support or indicated "No" then staff would respect this and make an entry in their daily records. This would build up a picture of people's experiences and their support would reflect this. For example, one person when supported to go swimming had frequently indicated they wanted to get out of the pool as soon as they arrived. Staff took this as a signal they did not want to do this activity. The registered manager shared with us copies of an easy read complaints procedures they had considered putting in place. She said none of these could be understood by people and so they had decided not to use them. A complaints procedure was displayed in the home and was provided in the updated service user guide. This ensured relatives knew how to make complaints if needed. No complaints had been received by the provider.

Requires improvement

Is the service well-led?

Our findings

The registered manager did not have effective systems in place to monitor the quality of care and service that people received. She had not identified that the monitoring of fire systems including fire drills had not being taking place at the appropriate intervals. This was highlighted during a local authority quality assurance audit. The training of staff had also fallen behind with a failure to assess staff competency and to make sure refresher training was provided when needed. There were no systems in place to review the delivery of care against current best practice and to drive through improvements. Infection control information although in place had not been completed. People were not being protected against the risks relating to their welfare or health and safety because the systems to monitor and assess these risks were not robust. **This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

If people had accidents there were tools staff could use to analyse the incident to make sure it would not happen again. The registered manager confirmed there had been no accidents in the past twelve months. The registered manager was aware of her responsibilities with respect to submitting notifications to the Care Quality Commission. Statutory notifications are information the provider is legally required to send us about significant events.

People's relatives, community professionals and staff were asked for their opinions about the service provided. Questionnaires from the last survey were returned from eight community professionals, five relatives and one member of staff. One respondent commented, "I think the highest rating should be excellent not good." The registered manager said improvements were taken as a result of comments made in the surveys which included refurbishing and redecorating bedrooms.

The registered manager was supported by another manager who shared responsibility for the management of the home with her. They both worked alongside staff to make sure people's needs were met. Staff said they had no concerns about the management of the home. They commented, "they are really lovely" and "brilliant managers". Staff also said they had confidence the managers would respond to whistle blowing concerns and would challenge poor practice. Staff said, "We work well together as a staff team, to support clients", "Communication between us is good" and "We get people out as much as we can". The registered manager confirmed, "There is a good team spirit, the door is always open and we will help anyone, personally or professionally." The managers were not involved in any local networks but kept up to date with information from local training providers and guidance from placing authorities.

The registered manager said staff meetings both formal and informal were used to discuss changes in people's needs and feedback from recent quality assurance audits by the local authority. They had reflected on the issues raised about the service and how they could improve their practice such as redesigning medicines records. The registered manager shared the local authority audit with us and the actions they had completed. She said they had prioritised the actions in line with their timescales. For example, policies and procedures were all being reviewed and a medicines audit was being introduced to make sure people were supported by staff who followed current best practice. The registered manager recognised the challenges of delivering a service at times of financial cutbacks by commissioners whilst maintaining a service to meet the needs of people whose needs were changing as they became older.

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 Care and treatment was not being provided in a safe way. People were not protected against the risks of preventing, detecting and controlling the spread of infections. The registered person had not ensured that risk assessments were in place which described the supervision of staff when learning new skills, who were not yet competent. Regulation 12(2)(c)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment A service user must not be deprived of their liberty for the purpose of receiving care or treatment without the appropriate authorisations in place. Regulation 13(5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not have systems to assess, monitor and improve the quality and safety of the services, such as regular audits. A contemporaneous record in respect of each service user had not been maintained. Some records had not been created and others had not been archived or destroyed. Regulation 17(2)(a)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Action we have told the provider to take

People employed by the service did not receive appropriate training or professional development as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18(2)(a)