

Community Housing and Therapy Highams Lodge

Inspection report

49-51 The Avenue
Highams Park
London
E4 9LB

Tel: Tel: 020 8523 4651
Website: www.cht.org.uk

Date of inspection visit: 17 & 22 December 2014
Date of publication: 22/05/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



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

We inspected Highams Lodge on 17 and 22 December 2014. This was an unannounced inspection. At the last inspection in December 2013 the service was found to be meeting the regulations we looked at. The service had an acting 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 2008 and associated Regulations about how the service is run.

Highams Lodge is situated in the London Borough of Waltham Forest and is registered to provide accommodation and personal care to 15 people. The aim of the service is to offer therapeutic support to people with complex mental health problems, to enable them to move on to live more independently. The service is a large property arranged over two floors. All bedrooms are single occupancy. At the time of our inspection 14 people were living at the service.

People were not always kept safe at the service. Risk assessments were not carried out in a timely manner

Summary of findings

when people were new to the service. People told us they felt unsafe because the building was not secure at night and the environment was not clean and well maintained. There were inadequate numbers of staff on duty during the night.

The staff were knowledgeable in recognising signs of abuse and knew how to report concerns. Medicines were managed safely. Incidents were reported and managed in an appropriate way.

The service was not always responsive. Some people were not protected against the risk of unsafe or inappropriate care and treatment as assessments were not carried out when they began using the service. Each person had a care plan which set out their individual assessed needs

The service was not always caring. People told us they did not always feel cared for. We saw staff interacting with people in a caring way. People were treated with dignity and respect.

The service was not always well led. Staff had skills and knowledge to support people using the service. Staff told us they undertook regular training. The training records showed that staff had received up to date training and supervision.

Staff demonstrated they had an awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to 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.

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 always safe. Risk assessments were not carried out in a timely way when people were new to the service. People told us they felt unsafe because the building was not secure at night and the environment was not clean and well maintained. There were inadequate numbers of staff on duty during the night.

The service had a safeguarding procedure in place and staff were aware of their responsibility with regard to safeguarding adults.

Inadequate



Is the service effective?

The service was not always effective. People told us they felt they did not have enough food available during the day.

Staff had knowledge and skills to support people who used the service.

At the time of our inspection no one was subject to the Deprivation of Liberty Safeguards. The service was meeting the requirements of the Mental Capacity Act 2005 Code of Practice.

People were supported to have their physical and mental health needs met. Staff liaised with health professionals and local mental health teams about people's needs.

Requires Improvement



Is the service caring?

People using the service did not always feel cared for. They told us they felt some staff were unapproachable.

People were treated with dignity and respect. People's privacy was respected by staff.

Regular meetings were held with staff to discuss their progress and additional support they may require.

Requires Improvement



Is the service responsive?

The service was not always responsive. Each person had a care plan which set out their individual and assessed needs. However some people were not protected against the risk of unsafe or inappropriate care and treatment because assessments were not carried in a timely manner when they began using the service.

People told us they would like more opportunities to do more meaningful activities.

People were encouraged and supported to provide feedback about the service. We saw meetings were held with people who used the service to obtain their views.

Requires Improvement



Summary of findings

There was a complaints process. People said they knew how to complain if they needed to.

Is the service well-led?

The service was not well led. Staff were supported by the manager and senior staff. Staff felt able to have open discussions about the service with the manager and other staff.

The service had a process for reviewing incidents and notified the Care Quality Commission as required.

The service had systems in place to monitor quality of care and support in the service.

Requires Improvement



Highams Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health 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.

Before the inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection.

We contacted the local commissioning team for the service to obtain their views about it.

On the first day of our visit the inspection team consisted of an inspector and a specialist advisor. The specialist advisor had experience of mental health services. On the second day the inspection team consisted of an inspector and a pharmacist inspector.

During the inspection we spoke with six people who lived at Highams Lodge, five staff which included the chief operating officer, the clinical director, the deputy manager, assistant therapist and the manager of the service.

We observed care and support in communal areas, spoke with people in private, and looked at care records for five people. We also looked at records that related to how the service is managed including training records, quality assurance records, policies, staff duty rotas and maintenance records.

Is the service safe?

Our findings

People told us they felt unsafe at times. They told us they felt that the premises were not always secure as the doors to the garden did not close properly. One person showed us the patio doors to the garden which had a gap at the top and said, “I don’t feel safe as this door doesn’t close and it’s not locked up properly at night.” Another person told us, “It’s not safe. The doors don’t close properly and anyone can get in at the back.” We raised this concern with the management team of the service who acknowledged the concern and said it would be inspected for repair.

The environment was not always well maintained. We looked at records of repairs requested and carried out at the service. We did not see dates of completion or progress of repairs in the maintenance book and it was therefore unclear how repairs were tracked or how long it took to complete them. One person told us they had been waiting ten days for work to be carried out in their room but had not been informed by staff when this would take place. We raised this with the manager who said that they were aware of the issue but had not contacted the contractor to have the work completed. We asked for this to be done as the person was unable to use the facilities in their bedroom until this was completed.

People said that at night they felt the service was not adequately staffed. They told us they would feel safer if there were more staff on duty at night as this was often when they felt they needed to speak with someone about issues. One person said, “I don’t always feel safe especially when the staff aren’t around”. Another said, “There’s only one [staff] here at night. It’s not enough if you are having a bad night.”

We looked at the staffing rota and noted that at night the service was covered by one member of staff employed through an agency. We spoke to the manager and clinical director about the concerns of people using the service. The manager told us the night staff responsibilities included responding to incidents at night, settling people to sleep at a reasonable hour and cleaning of the premises. They acknowledged the concerns and said there was a need for an additional staff member during the night. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt there were not enough staff available during the day. One person said, “There’s not enough male staff. They are short staff and then my therapy gets disturbed when they [staff] have to go and see other people.” Another person said, “They are always busy. They keep saying they’ll be with you in ten minutes then they don’t come back for ages.” We raised this concern with the management team. They explained that there were three staff on duty as well as a manager or deputy manager during the day. There were additional staff available to work during the day if changes in people’s needs meant they needed additional support. We looked at staffing rotas which reflected this. There were sufficient staff employed to cover annual leave and sickness.

People using the service did not always have risk assessments carried out in a timely manner. The provider had a risk assessment policy and procedure which stated that risk assessments should be carried out regularly. The deputy manager of the service told us risk assessments were carried out on admission to the service and then reviewed every three to six months or sooner if changes in the persons needs were identified.

We looked at people’s care files and noted that not all risk assessments were completed on admission to the service. Staff told us risk assessments were not done on admission even though some assessments had been carried out over two months before moving in to the service. One care record of a person who had recently moved in to the service did not have a risk assessment even though they explained to us they were in need of additional support from staff due to their medical condition. This meant that some people were not protected from risk because assessments were not carried out to ensure staff were aware of the risk. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our visit we saw that the premises were not always kept clean and tidy. For example, we found several communal and office areas to be dirty and littered with rubbish. There were no cleaning schedules or records of cleaning carried out. We asked staff about the cleanliness of the service. The deputy manager told us that staff and people living in the service were expected to maintain the cleanliness of the whole building and there were daily cleaning groups

Is the service safe?

organised to do this. However recently the company had employed a cleaner to carry out a deep clean at regular intervals but were reviewing the effectiveness of this as the standards expected were not being achieved. The chief operating officer told us this would be addressed without delay. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had an infection control procedure. We saw staff wearing personal protective clothing when cleaning or preparing food.

People told us they knew what to do if they felt unsafe. One person said, "I would talk to the staff and tell them. The staff here make me feel safe." Another person told us, "There have been times when I didn't feel very safe. I told the staff and they listened." People told us staff spoke with them about abuse and how to report this during one to one sessions. We asked people if they felt bullied while living in Highams lodge. They said they did not feel bullied by other people or staff and said they knew how to report this to staff. One person said, "Sometimes we clash with each other here but the staff help to contain it and we talk it through."

Before the inspection we had received information from the local authority commissioning and safeguarding teams regarding concerns about the management of safeguarding alerts at the service. The service had made improvements in the reporting and management of safeguarding alerts. We saw evidence of this in minutes of meetings and inspections carried out by the local authority and records of notifications sent to the Care quality Commission (CQC). We looked at records of safeguarding alerts and actions taken to assess risks and noted this was documented in people's care records.

The service had safeguarding policies and procedures in place to guide practice. Staff told us they received training in safeguarding adults. Staff were knowledgeable in recognising signs of potential abuse and the procedure for reporting abuse. They told us they would report any concerns with the manager of the service or the local authority safeguarding team. We looked at the training log and noted that staff working at Highams Lodge had received up to date safeguarding training. All staff said they felt safe on duty and that their colleagues were supportive.

Staff were able to explain whistleblowing and knew how they could report concerns. Staff told us they would feel comfortable and confident to whistle blow and would contact the local authority or CQC to report any concerns.

We looked at records of incidents and accidents at the service and found this to be clear and concise with outcomes reflected in care plans. The provider kept up to date records which included a description of the incident or accident, injury or damage to property, behaviour before the incident, actions taken and risk management updates to minimise the risk of incidents happening again.

Medicines were managed safely. We saw appropriate arrangements were in place for obtaining medicines. Supplies were available to enable people to have their medicines when they needed them. We were told each person was registered with a local GP practice which prescribed most medicines people required and where appropriate administered any injections people needed. Five people took a medicine which had to be prescribed at a specialist clinic and needed people who took it to have regular blood tests. We saw arrangements were in place to ensure people attended the clinic for blood tests when required. We saw information relating to changes in prescribed medicines following the results of tests. Appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded.

Where medicines were prescribed to be given 'when required', or where they were to be used only under specific circumstances, individual when required protocols, (administration guidance to inform staff about when these medicines should and should not be given) were in place. They provided information to enable staff to make decisions as to when to give these medicines to ensure people were given their medicines when they need them and in a way that was both safe and consistent.

We also saw the provider did weekly audits to check the administration of medicines was being recorded correctly. Records showed any concerns were highlighted and action taken. This meant the provider had systems in place to monitor the quality of medicines management.

Is the service safe?

The service had a Recruitment and Selection Policy. The policy covered Disclosure and Barring Service (DBS) checks, verifying ID which included photo ID such as driver's license and passport and documents with address. The policy included that a minimum of two references were needed including at least one professional reference. All relevant

checks were carried out before someone was employed. These included appropriate written references, professional registration and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work at the service.

Is the service effective?

Our findings

People using the service told us they were unhappy with the amount of food available during the day. They said there was not enough food, they did not have a choice of meals and fresh fruit was not readily available. One person said, “Sometimes the food is good but on days when there’s no money we have pasta and sauce or something cheap.” Another person told us, “Sometimes there’s no breakfast, just tea or coffee.”

We spoke with staff about the arrangements for meals. People who required a special diet were able to have meals in accordance with their needs. They told us people were involved in choosing and preparing meals as part of their therapy and were supported by staff to do so. People we spoke with said they shopped for ingredients, planned and prepared meals but felt that they did not always have enough choices available at breakfast or nutritious snacks between meals.

We looked in a large fridge and found it mainly empty apart from some milk and half a bag of lettuce. There was a large freezer next to the fridge but this was empty. People present in the kitchen at the time told us that this was usual and that on most days there was little food available. We spoke with the manager about our concerns. The manager explained the reason for keeping a minimum amount of food in the fridge was because of a person with behaviour that challenged the service. We did not see plans put in place to manage this person’s behaviours whilst ensuring people were still able to have access to a choice of meals and nutritious snacks. On the second day of our inspection we again saw a small amount of food in the fridge. Some of this food was uncovered and unlabelled. Staff were unable to tell us when the food was prepared. These issues meant that people were not protected from the risk of inadequate nutrition and receiving food that was not prepared or stored safely. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) with the deputy

manager and the acting registered manager. MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests.

The acting registered manager and deputy manager knew how to make an application for consideration to deprive a person of their liberty. At the time of our inspection no one at the service required the use of DoLS. People were able to freely come and go from the service. We saw records of staff training completed. Staff told us they had completed on line training and some had attended external training courses. The provider had policies and procedures in place to guide practice.

Staff we spoke with said that physical restraint was not used. People we spoke with said they were not restrained by staff. De-escalation techniques, conflict resolution and behaviour techniques were used instead. During our inspection we saw that a person became distressed. We saw staff speaking with them in a calm, gentle and respectful manner. The person became less distressed following the conversation.

People received support and treatment for their mental health needs from the staff at the service and from health professionals involved in their care. There was evidence of input from healthcare professionals such as the GP and dentist including attendance at hospital appointments. People attended their medical appointments independently or accompanied by staff when necessary.

Staff received training to help them meet the specific needs of people using the service. The training records showed the core training included Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), violence and aggression, physical intervention, fire safety, medicines administration, health and safety, food hygiene, infection control, first aid and safeguarding of vulnerable adults. The training matrix showed that staff had attended training or were due their refresher course. Staff told us they received regular training and monthly supervision and found these useful. One person said, “the training is good here. We have a great programme and opportunities to take further courses.”

We looked at records of staff supervision confirming that supervisions were carried out monthly. This gave staff the

Is the service effective?

opportunity to raise any concerns about the service, identify what had gone well, any areas of development and their well-being. Staff told us they had an annual appraisal and we saw records of this.

Induction processes were available to support newly recruited staff. This included reviewing the services policies and procedures and shadowing more experienced staff. Staff we spoke with confirmed they had been through an induction process when recruited.

Is the service caring?

Our findings

People we spoke with had mixed views about the staff. Some people were not positive about relationships between people who used the service and staff. For example, they told us some staff were not very approachable and it depends on what mood they are in and that they felt they did not care about them. One person said, “Staff don’t care, they are in a long meeting once a week and wouldn’t notice if we are ill.” Another person said, “They are caring to an extent but everyone’s experience is different because people are different.” Staff we spoke with emphasised the ethos of a therapeutic environment and people making choices. We spoke with the manager about this and they explained that the staff meeting takes place once a week and people are able to interrupt if they need assistance. We observed staff interacting with people in a kind, respectful and personalised way.

Staff told us how people’s equality, diversity and cultural needs were respected. Relationships were discussed in weekly community meetings and people told us they felt able to express their views at these meetings. People said they felt that staff and other people living in the service respected them and their life choices.

Each person using the service had an assigned key worker. A keyworker is a staff member who is responsible for overseeing the care a person receives and liaising with other professionals involved in a person’s life. The staff we spoke with were keyworkers for people. They were able to describe how they developed relationships with people which included speaking with the person to gather information about their life history and likes and dislikes.

Staff told us how they promoted people’s dignity, choice, privacy and independence. People told us staff respected their privacy and knocked and waited to be invited in before entering their bedrooms. Staff explained how they sought consent from people before assisting them or offering support with their needs.

We saw care plans had been signed by people using the service. People were asked for their consent to share these with their family or other health care professionals involved in their care. We saw evidence of people’s agreement and consent to participate in the programme and related research. In addition to this, rules of the service such as no violence, use of illicit drugs, racism or sexism were documented and signed by people using the service.

People told us they were able to set their own goals. We saw records relating to promoting people’s independence and reviews about their progress. People told us they liked meeting with staff in their key working sessions and discussing their progress.

People had the opportunity to feedback about the service through daily morning meetings and a weekly meeting called a community meeting. We saw records of these meetings which included discussions about repairs, maintenance and the cooking rota. We observed one of these meetings during our visit attended by nine people. Discussions at the meeting included planning for the Christmas meal, the facilities and how people using the service supported each other.

Is the service responsive?

Our findings

Care records were not always accurate. For example, one care file had the wrong person's name on the front of the file. The first paragraph of the personal history referred to another person using the service. The psychiatric history also used the name of another person within the report.

Guidance to support staff in meeting people's needs was not always documented. We saw a detailed pre-admission psychological and risk assessment for one person which identified a particular repeated behaviour. This particular risk was identified as being increased during the evening and night time however the care plan did not reflect interventions targeted at this period or time of the day. The care plan had not been signed by the person or staff. We looked at the progress report of the first week of admission and found this to be documented with limited information.

In other care records we found no admission documentation or evidence of assessment, including assessment of risk carried out at time of admission. We asked staff about this. They told us this was standard practice and assessments including risk were not repeated on admission. For some people using the service this meant up to two months would have elapsed since the pre-admission assessment. No information had been recorded relating to physical health, social or spiritual needs. We noted that one person had a medical condition however we found no mention of this in any of the documentation apart from a list of medicines. There was an incident form that had recorded the person being taken to hospital due to this medical condition since coming to the service. Assessments tended to focus on mental health needs rather than all their needs. Daily progress notes were basic and task focused. However we found progress reports documented detailed information of the therapeutic process and achievements to improve psychological and emotional functioning. We spoke with the manager about our findings they agreed that care plan and assessments should have been completed for this person. In another example there was no evidence of how one person with a learning disability who needed support with understanding documents was supported when developing care plans or the therapeutic programme. This meant that people were at risk of receiving care or treatment that was inappropriate or unsafe. This was a breach of Regulation 9 of the Health

and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person had a care plan which set out their individual and assessed needs. People who used the service managed their physical health with support from staff if required.

People were not always happy with the amount of social activities available to them. People told us they were able to take part in activities at Highams Lodge such as creative art but would also like to go out more. One person said, "I would like to do my own thing [activity] but there's not that much opportunity." Another person told us, "We sit around most days. I would like to go out more." A leisure group meeting took place once a week where people chose which leisure activity they would like to do. We looked at the weekly community programme for the service and noted that it was very structured. The programme focused on therapy sessions and group meetings with one hour allocated for weekly events such as gardening group, opportunity group and creative art group on four days of the week. We asked the manager if there were specific community links people could access outside the service. She told us there were no specific groups the service had links with as the "service has its own community and people could join in the leisure groups." She told us people had attended some community events in the local area. This meant people were not always involved in meaningful social activity which supported their independence and involvement in the community. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meetings were held with people living in Highams Lodge to discuss the service and to find out their views. Most of the discussions focused on menu planning and how people felt about staff and the service. We looked at minutes of these meetings which showed their views were acted on.

There was a complaints process and information was available on how to make a complaint if people were unhappy with their care or support. People we spoke with said they knew how to complain if they needed to. They

Is the service responsive?

said they would tell a member of staff. We looked at the complaints log and saw complaints that had been received and had been dealt with in line with the provider's policy and procedure.

Is the service well-led?

Our findings

The service had an acting registered manager who had been working in the service as the acting manager for six months at the time of our visit.

Staff told us the manager and deputy manager were approachable and supportive. They said there were opportunities to speak with the managers formally as well as informally. One staff member said, “I enjoy working here. The organisation is very good at promoting staff and helping you to progress.” Another staff member said, “The management are supportive and caring towards staff.”

People using the service said they thought it was well run and staff were good at their jobs. One person told us, “They are good, they understand how to help us.”

Staff told us and we saw minutes of weekly staff meetings held to enable open and transparent discussions about the service and allow staff to raise any concerns or feedback they had.

We looked at minutes of these meetings. Agenda items included health and safety, key working and therapy reviews, public relations, repairs and audits.

The service did not carry out staff satisfaction surveys. Staff were given opportunity to give feedback during one to one supervision and staff meetings. Staff we spoke with said this worked well and they felt able to speak to the managers about any concerns they may have.

Staff were aware of the incident reporting process and escalated any concerns to the manager or deputy manager. We saw that these were discussed in weekly staff meetings.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC),

of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant that the CQC were able to monitor that appropriate action had been taken.

The service worked in partnership with other agencies and health professionals. Staff said they had good working relationships with GP practices and community mental health teams.

We did not see systems in place to monitor the maintenance and cleanliness of the building. There were systems in place to monitor equipment for the safety of the service. This included monthly audits of the environmental health and safety, fire safety, boiler system checks and portable electrical appliance testing. There were systems of daily and monthly checks to ensure peoples safety.

The service had policies and procedures in place to guide practice. The chief operating officer told us there was a program of reviewing the policies and procedures. We saw evidence of the service policies being reviewed by the provider included recruitment, complaints and risk assessments.

The service did not always identify shortcomings in the care provision and staff support provided. For example, we saw risk assessments were not always done when people were admitted to the service. There was insufficient staff during the night. The standard of cleanliness within the service was not well maintained. People were not protected from the risk of inadequate nutrition and were at risk of receiving food that was not prepared and stored safely. This meant quality assurance systems were not always robust.

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	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Dignity and respect</p> <p>The registered person did not support the autonomy, independence and involvement in the community of the service user</p> <p>Regulation 10 (2)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Safe care and treatment</p> <p>The registered person did not ensure care and treatment was provided in a safe way by assessing the risks to health and safety of service users of receiving the care or treatment.</p> <p>Regulation 12 (1) (a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs</p>

Action we have told the provider to take

Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Person-centred care

The registered did not ensure that service users are protected from the risks of inadequate nutrition and dehydration, by means of the provision of a choice of suitable and nutritious food and hydration, in sufficient quantities to meet service users' needs.

Regulation 14 (b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Premises and equipment

The registered person did not in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used.

Regulation15(2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing

This section is primarily information for the provider

Action we have told the provider to take

The registered person did not take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity.

Regulation 18(1)