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Radiant Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out an unannounced inspection of the service on 17 and 18 December 2014.

Radiant Care Home provides accommodation for up to 18 older people who require nursing or personal care. On the day of our inspection 12 people were using the service and there was a registered manager in place.

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.

During our inspection 30 May 2014 we identified one breach of the Regulations of the Health and Social Care Act 2008. This was in relation to there being an unsuitable number of qualified, skilled and experienced staff to meet

Summary of findings

people's needs. During this inspection we found improvements had been made. People, staff and relatives all spoke positively about the numbers of staff who worked at the home.

During this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These were in relation to care and welfare of people who use services, assessing and monitoring the quality of service provision and the management of medicines. People's records were not always completed and reviewed and there were parts of people's care plans that were blank with no explanation why recorded. The registered manager's auditing processes had not identified the concerns referred to within this report. There were no protocols in place for staff to follow when administering 'as required' or covert medicines. We also found an example where the stock of a person's medicine was not correct which meant they may not have received the appropriate amount of medicine.

You can see what action we told the provider to take at the back of the full version of the report.

Staff could identify the different types of abuse and were aware of the procedures for reporting concerns both internally and externally to agencies such as the Care Quality Commission (CQC).

People's safety was protected as robust recruitment procedures were being followed.

People were cared for by staff who felt supported and well trained in their role. Staff told us they were able to undertake the training required in order for them to carry out their role effectively. People spoke highly of the staff and felt they provided them with good care and support.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the

best interests of the person and there is no other way to look after them. At the time of the inspection there were not currently any DoLS in force, however the registered manager was aware of the process that needed to be applied should one be required. MCA assessments had been conducted where people had been assessed as being unable to make their own decisions, although some of these decisions lacked specific detail about the decision being assessed.

People spoke highly of the food that was provided for them although some raised concerns that there was not much choice and we observed one person who did not wish to eat their lunch was not offered an alternative time to eat. People were able to access external healthcare professionals to discuss their care when they needed to,

People were treated with kindness by staff. Staff supported and encouraged people to be as independent as they could be. People's privacy and dignity were maintained by staff.

People were supported to access external independent advice where required. People felt able to discuss their needs with staff, although one relative we spoke with did express concern that sometimes the information they received was contradictory.

Activities were provided for people, however people were not always supported to follow the hobbies that interested them. People's personal preferences were not always recorded in their care plans.

Guidance for staff was in place to assist people living with diabetes and to support them in maintaining a healthy diet. There was limited information for staff to follow if a person had a hypoglycaemic (due to low blood sugar) or hyperglycaemic (due to high blood sugar) seizure.

People told us they felt able to raise complaints with staff and they would be acted upon appropriately.

People's views were welcomed and used to improve the service. People spoke highly of the registered manager. People and staff told us the manager was approachable and listened to their concerns.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Protocols for the administration of 'as required' and covert medicines were not in place.

Staff could identify the different types of abuse and how to report concerns.

There were a suitable number of staff in place to meet people's needs.

Requires Improvement



Is the service effective?

The service was not consistently effective.

Mental capacity assessments lacked detail in relation to the decisions that was being assessed and did not always show who had been involved with a decision.

People spoke highly of the food provided however some people thought there was a lack of choice available.

People had access to external health care professionals as and when they needed to.

Requires Improvement



Is the service caring?

The service was caring.

People were treated with kindness by staff.

Staff supported and encouraged people to be as independent as they can.

People's privacy and dignity were maintained by staff, although two of the toilets on the ground floor did not have a working lock.

Good



Is the service responsive?

The service was not consistently responsive.

Activities were provided for people, however people were not supported to follow the things that interested them.

People's personal preferences were not always recorded in their care plans.

Guidance for staff was not sufficient to support people living with diabetes.

Requires Improvement



Is the service well-led?

The service was not consistently well-led.

People's records were not consistently reviewed and some care plans had gaps where information should have been recorded.

Requires Improvement



Summary of findings

Audits were conducted to identify areas of improvement in the home; however these audits did not identify the concerns we have raised within this report.

People's views were welcomed and used to improve the service.

Radiant Care Home

Detailed findings

Background to this inspection

We carried out the inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspections checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

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

The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition to this, to help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A

notification is information about important events which the provider is required to send us by law. We also contacted Commissioners (who fund the care for some people) of the service and asked them for their views.

Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. We spoke with five people who used the service, two relatives, two healthcare professionals, three members of the care staff, a cook and the registered manager.

We looked at the care records of seven people who used the service, as well as a range of records relating to the running of the service including quality audits carried out by the registered manager.

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

Is the service safe?

Our findings

During our previous inspection on 30 May 2014 we identified a breach of Regulation 22 of the Health and Social Care Act 2008 and concluded that there were not enough qualified, skilled and experienced staff to meet people's needs.

During this inspection we saw improvements had been made. One person told us, "There are plenty of staff here to help me." Relatives also spoke positively about the staff numbers. One relative we spoke with told us, "Staffing has improved. There seems to be someone around when needed. I feel a lot more comfortable with how things are at the home now." A staff member we spoke with told us, "There are enough staff to meet people's needs, but if we increase the number of people living here, then we will need more staff."

We checked the rotas with the registered manager and they told us they assessed the needs of people who used the service and planned the rotas to meet these needs. Our observations throughout the inspection showed that people's needs were met in a timely manner and people's safety was maintained by appropriate support from staff when they needed it.

People did not raise concerns with us in relation to the management of their medicines. However upon review of people's medicine records we found people were not consistently protected against the risks associated with the unsafe management of medicines and their safety could be placed at risk. There were no protocols in place to indicate under what circumstances 'as needed' medicines should be given. The staff we spoke with were aware of what these medicines were used for but were unaware of the protocols they should follow when administering them and did not record the reasons why these medicines were administered.

People's medicines were stored safely in a locked cabinet in a locked room, however when we checked the stock of medicines for one person we found a discrepancy. The person's records stated they should have had two prescribed tablets remaining, however there were three. The registered manager was unable to explain the reason for this, which meant the person may not have received the correct amount of medicine which could place their health at risk.

Records for people receiving their medicines covertly were not always appropriately completed. For example the registered manager told us they had carried out an assessment of a person's ability to understand the implications of not taking their medicines and concluded the safest way for the medicines to be administered was covertly. However it was not clear from the person's records whether the person's family and the pharmacy (to check suitability of the medication for covert use) had been obtained.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who used the service told us they felt safe living at the home. Relatives told us they thought their family members were well looked after and safe. A person who used the service told us, "I feel safe here; I wouldn't change the building or anything." A relative we spoke with told us, "[Family member] is very well cared for and they are safe living there."

We observed staff support people who had a wide variety of needs and ensured people were kept safe from discriminatory abuse and were able to move freely around the home. People were protected by staff who were aware of the potential signs of abuse and the process they would follow to report it. Safeguarding policies were in place; staff could explain the content of these policies and had attended training on the safeguarding of vulnerable adults. There was information in the home for people advising them who they could contact both internally and externally if they felt they or someone else had been the victim of abuse.

People were kept safe by the timely investigation of incidents, accidents and concerns raised by people and staff. The registered manager was aware of their responsibilities to notify the relevant external authorities of any serious incidents or allegations of abuse. People's needs were assessed and where risks were identified, plans were put in place and recorded in care plans for staff. This ensured that staff had the most up to date information regarding the risks to people's safety.

Risks within the environment had been considered and planned for to protect people from avoidable harm. People had personal emergency evacuation plans in place which were updated weekly to assist staff in ensuring people were evacuated from the building in a way that kept them safe.

Is the service safe?

The home was secure. Access could only be gained when entry was granted by a member of staff. When people attended the home they were asked to sign the attendance register and sign out again when they left. The registered manager told us the maintenance person ensured the equipment used within the home was regularly checked and serviced. We also saw a communication book was in place for staff to record any concerns with equipment or any other aspect of the environment, and these were acted on in a timely manner to ensure people were safe.

People's safety was protected as the provider had robust recruitment procedures in place. The provider ensured that before staff began working at the home, criminal records checks were undertaken through the Government Disclosure and Barring Service (DBS). These checks are to assist employers in making safer recruitment decisions. The staff we spoke with were aware of the recruitment procedures that were completed before they started work; these included completion of an application form and interview, with references then requested from previous employers.

Is the service effective?

Our findings

People spoke positively about the staff who supported them. One person told us, “The staff are fine, they are always good with me.” A relative we spoke with told us, “The staff are fantastic with [family member]. They really know what [family member] wants.”

Staff told us they felt supported by the management in order to carry out their role effectively. One member of staff told us, “I feel supported here. I asked to do my first aid course and the manager said they would book it for me.” Another staff member told us, “I like working here, I have done my NVQ, and the manager has supported me a lot.”

People received effective care and support from staff who had undertaken an induction that was appropriate to their role. The registered manager told us the staff induction was carried out in line with the **Skills for Care's Common Induction Standards**. These standards are designed for people working in adult social care and need to be met before they can safely work unsupervised. Records showed that staff received regular training and assessment of the quality of their work.

Staff were able to communicate effectively with people because people's communication needs had been assessed and relevant training and guidance had been provided for staff. A staff member we spoke with told us a person they supported was unable to verbally express pain and there was guidance provided for the staff to identify and support this person when they communicated in their own way, that they were in pain.

We reviewed care plan records to check whether the provider had ensured that where required an assessment of a person's capacity was undertaken as required by the Mental Capacity Act 2005 (MCA). The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they received. We saw MCA assessments were in place for people which covered a number of decisions relating to personal care, finances and the ability to manage and administer medicines. A small number of the assessments we looked at lacked detail about the decision being assessed, which meant people could have decisions made on their behalf which did not reflect their wishes.

The staff we spoke with could explain how they used the MCA to ensure that people were involved in decisions

about their care and where they were not able to contribute, people's representatives were consulted. One staff member told us how they incorporated the MCA into their work, “If people don't have the capacity to make their own decisions, then we work with relatives and agree to make the decisions for them which are in their best interest.”

The people we spoke with did not raise any concerns that they felt unlawfully restricted. A person who used the service told us, “If I wanted to go out, someone would come with me.” The registered manager was aware of the process for applying for Deprivation of Liberty Safeguards (DoLS) to be implemented to protect people within the home. They told us they did not currently have DoLS in place for anyone at the home. During the inspection we noted that access into and out of the home could only be made if a member of staff unlocked the doors. The registered manager told us that if people wished to leave the home then they could and if required a member of staff would escort them.

People told us they thought the quality of the food was good, although some raised concerns that they were not given enough choice. One person told us, “You would have thought they would have given us choices at mealtimes.” We looked at the menu for the lunchtime meal and found there was only one main dish available. We raised this with the cook and they told us there were two dishes available, although they had not put this on the menu, meaning people could not make an informed choice about what they would like to eat.

People were supported by staff to ensure they had enough food and drink. Specially adapted equipment was available for people to support them to eat independently. We saw staff sit with people offering encouragement and support with their food if it was required.

People were encouraged to eat their meal where they were comfortable. Some decided to eat with others in the main dining room; others chose to eat in the lounge or in front of the television. There was a set time for the lunchtime meal. We saw one person refuse to eat their meal and a member of staff said, “Aren't you hungry? Although you didn't long have your breakfast did you?” This meant that people may have eaten their meals at times that were not always suitable to them.

Is the service effective?

There were effective plans in place that ensured people who had been identified as a nutritional risk were encouraged to follow a healthy diet. We saw people's weight was regularly monitored. We saw the records for one person which showed since moving to the home, they had increased their weight to a level that was more healthier and appropriate for them.

People were able to access external healthcare services when they needed to. A person who used the service told

us, "If I need to see my doctor I can." Records showed referrals had been made to a range of healthcare professionals including their GP, speech and language therapists and physiotherapist. On the day of our inspection a care assistant escorted a person to a hospital outpatient appointment. The staff member told us, "We always escort people for hospital appointments if relatives are unable to do so. We always escort people if they are being taken to A & E day or night."

Is the service caring?

Our findings

People told us they felt well cared for and supported by the staff. One person told us, “They [staff] are wonderful.” Another person told us, “They [staff] are fantastic, we can have a laugh with them and I have no complaints with them, they will do anything for us.” A relative we spoke with told us, “My [family member] always seems so happy. I really have no concerns [about the staff] at all.”

People were treated with kindness and where people showed signs of distress action was taken quickly by staff in a caring way to support them. We observed staff support a person living with dementia. The person had become agitated and did not want to eat their meal. The staff spoke with calmness and in a way that showed they cared and the person could understand. They reassured the person they were safe and that they were there to help them. The person responded positively to the staff member and they calmed down and ate all of their meal.

People were supported by staff who understood them and showed a good understanding of their likes and dislikes. One person we spoke with said, “The staff know me, they know if I want to be left alone, then they will [leave me alone].” During our observations throughout the inspection we saw staff interact with people in a way that showed they were genuinely interested in what people had to say and people responded positively to them.

Staff respected and understood people’s diverse needs. We were told that one person at the home was a Catholic and wished to take communion. The registered manager had arranged for a representative of the local church to attend the home to offer this person communion and ensured it was offered in an environment that suited the person.

People were provided with information about how they could obtain independent advice about their care. The registered manager ensured that if required, people were supported by an Independent Mental Capacity Act Advocate (IMCA) to make major decisions. IMCAs support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. The registered manager had a process in place for people new to the service if they had no relative to represent them.

They told us, “When people arrive at the home with no relative to speak on their behalf, I immediately arrange for a social worker to attend to ensure their views are represented and respected.”

People were encouraged by staff to be as independent as they wanted to be. We saw one person who had difficulty in mobilising around the home and required the use of a walking aid for support. The person was supported by staff to go to the toilet, however they ensured the support they gave did not compromise the person’s wish to mobilise independently.

People’s dignity was maintained in a respectful way at all times. The people we spoke with did not raise any concerns in relation to their dignity being compromised. A relative we spoke with told us, “I have no concerns in relation to [their family member’s] dignity. They are always well presented and they are never in wet clothes.” The staff we spoke with were aware of their responsibilities to maintain people’s dignity. One member of staff told us, “People’s dignity is always maintained. We respect everyone here.” However we did see a member of staff respond to a person by saying, “Good boy.” This language could portray a lack of respect for the person they were supporting.

During the inspection we identified two toilets on the ground floor which both had locks that did not work. This could place the dignity of people at risk. We raised this with the registered manager who told us they would rectify this immediately.

We observed staff listening to people and where required, act on people’s requests for assistance, either in relation to their care or other matters important to them such as where they would like to sit, or what they would like to drink. We observed staff use different approaches when talking with people ensuring things were explained to people in a way they could understand.

We were told by people they had the privacy they required. One person told us, “When my family visit we go to my bedroom. I like to have privacy like that. We can discuss family or personal things.” Another person told us, “The staff buy me a newspaper each day and I like to sit [in the dining room] and have a bit of quiet time to myself.” We also saw ‘residents’ corner’, which was a quiet space away from the main communal areas where people could read or sit quietly.

Is the service caring?

Access for relatives of people who used the service was unrestricted. None of the people raised any concerns with us stating their relatives were unable to attend when they wanted to. A relative we spoke with told us, "My family and I are able to attend whenever we want to."

Is the service responsive?

Our findings

People's records were not always fully completed and reviewed which could have an impact on the staff's ability to respond appropriately to people's needs. We found some supplementary records, used to record when staff had assisted people with repositioning in their bed, had not always been appropriately completed. We also saw the guidance for staff when monitoring people's pressure care was inconsistent, with the guidance in care plans focusing on managing people's nutrition but not always advising the staff how often a person should be repositioned. Monthly reviews of people's care plans were not always recorded within the care plans and there were also gaps in a number of areas in each of the care plan records we looked at. This meant it was difficult to ascertain whether staff had provided care and support for people that responded appropriately to people's current level of need.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke with people and asked them whether they had enough to occupy them throughout the day and whether they were supported to follow their hobbies and interests. One person told us, "The home has a lovely, private garden and in the summer we sit out for long periods. In the winter it is different. Sometimes I get bored. We have bingo and jigsaws and we enjoy 'music to movement' two days each week." Another person expressed concern saying, "Some of the staff don't take the time to sit with me. However, one of the staff do, they are lovely."

During our inspection we found long periods of the day when people were either sitting in the lounge or in their rooms. We observed a staff member encourage people to take part in a singing session and chair exercises but other interactions were limited. We discussed this with a member of staff, they told us, "I try to do something different with people every day. Although we don't have the time to take people out to be honest." The registered manager told us day trips to the local pub or market were offered to people but they did not want to go. However, people's records did not reflect when an activity had been refused or whether an alternative had been offered.

People's needs were assessed and plans were put in place to enable staff to respond appropriately to people's needs. However we saw the guidance provided for staff was not

always sufficient. We saw an assessment had been made for a person who was living with diabetes. Guidance had been put in place for staff to follow to reduce the risk of the person having a hypoglycaemic (due to low blood sugar) and hyperglycaemic (due to high blood sugar) seizure. The guidance however, did not inform staff how they should respond if the person did have a seizure. We spoke with a healthcare professional about this person, "I think [staff] do manage the person's diet well and are aware to reduce sugar intake, although more food could be offered to the person at night [to help reduce the risk of a seizure]."

A member of staff we spoke told us they understood people's preferences and their life history. They said, "When a person first arrives at the home time is spent with the person and with the relatives. We get a lot of useful information about people's lifestyle and choices." However there was an inconsistent approach to the recording of people's personal preferences and the things that were important to them within people's care plans. Some of the records we looked at lacked detail and in one care plan there was no information recorded at all. This person's 'This is me', 'Personality profile', 'Life story' and 'Getting to know you' records were blank with no explanation why. The staff we spoke with were aware of the things that were important to people, however a new member of staff would not have the required information to enable them to respond to people's individual personal preferences.

The registered manager told wherever practicable, they responded to people's requests about their care. They told us a person had asked them to provide them with a walking aid at night, in order for them to access the toilet without having to call for staff assistance. The registered manager responded to this quickly and arranged for this to be provided, improving this person's ability to maintain their independence.

People were encouraged to raise any concerns or complaints with members of staff or the management. We spoke with people and asked them whether concerns they had raised were acted on. One person told us, "The manager shows a good understanding of what you want. She listens, will write down what you say and will act upon it." Another person told us, "I've not had to make a complaint, but if I did, I know the manager would do something about it." There was an accessible complaints procedure in place for people within the home and there was additional information within people's bedrooms.

Is the service responsive?

The registered manager recorded complaints and told us they used them to improve the service people received. The registered manager gave an example where they responded to a complaint that had been raised that some staff were speaking to each other in language that people

could not understand. They told us they responded to this quickly and reminded staff that they must communicate in a way that did not make people feel excluded. We did not observe staff communicating in this way during the inspection.

Is the service well-led?

Our findings

The registered manager's auditing processes did not identify the concerns raised within this inspection. Their medicine audits had not highlighted the issues relating to missing medicines and the lack of 'as needed' and covert medicine protocol and the impact that could have on people. The registered manager's audits had also failed to highlight the concerns relating to the gaps in people's care plan records and supplementary notes. The lack of a robust auditing process that identifies concerns could place the health and safety of people at the home at risk.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People and staff spoke positively about the registered manager. A person who used the service told us, "The manager is approachable, she is here all the time, you can see her and speak with her if you wish to." The two relatives we spoke with told us they thought the registered manager managed the home well, although one relative told us they thought communication with relatives could improve as there was sometimes a delay in being told if something had occurred with their family member. A member of staff told us, "You can talk to the manager; she will always try to help."

People told us they felt able to discuss the things that were important to them. A person spoke positively about the registered manager. They told us, "She is always around, sometimes in the office doing paperwork; you can go and see her any time." The registered manager told us, "We take note and act upon everything people say to us." However another relative told us that they sometimes received conflicting information from staff when they asked about their family member's care.

The registered manager had made attempts to engage with the local community. The local primary school had been approached to join people at the Christmas party to sing carols. The registered manager told us they planned to approach other organisations within the local community to give people living at the home more opportunity to access and become involved with the community in which they lived.

People were encouraged to give their views and opinions on how the service could improve. Residents' meetings had recently been introduced and staff meetings were conducted regularly. The people and staff we spoke with all felt able to make comments on the quality of the service and felt their views were welcomed. Staff were aware of how to raise whistleblowing concerns with the external bodies such as the CQC and were confident in doing so.

Relatives had been encouraged to give feedback in the form of a questionnaire. We looked at the results of this questionnaire and saw people had rated the service as 'good' or 'very good' in a number of areas including their family member's privacy, dignity being maintained and staff treating people with respect. The registered manager told us they were introducing a questionnaire for people who used the service and would ensure support was provided for people to complete it if they required it.

The registered manager told us staff were made aware of the provider's values via their induction, training and during staff meetings. We looked at the induction manual which gave clear guidance for staff on the philosophy of the home and what was expected of them. They told us, "We train our staff to understand that they work in a home where the majority of people have dementia. It is their responsibility to ensure a positive environment at all times." We observed the registered manager throughout the inspection. They had a positive approach to their work and people and staff responded well to them. A member of staff told us, "We all work together as a team for the residents. It is a relaxed and homely atmosphere here for people."

People were supported by staff who understood their roles and had their work regularly assessed. Staff told us they received regular supervision of their work, felt supported by the manager and received feedback in a way that helped them to improve.

People were protected by a registered manager who operated in a transparent way. The registered manager was aware of their requirements to report concerns to the CQC and other relevant agencies. They were aware of the risks the service faced and ensured that staff were informed of these risks via staff meetings and supervision and explained how they could contribute to reducing risk in the home.

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	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>The registered person did not take proper steps to ensure that each service user was protected against the risks of receiving care that was inappropriate or unsafe by means of: b) the planning and delivery of care in such a way as to - (i) meet the service user's individual needs, (ii) ensure the welfare of the service user.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>The manager did not protect service users and others against the risks of inappropriate or unsafe care or treatment as they did not regularly assess and monitor the quality of the service provided or identify, assess and manage risks relating to the health, welfare and safety of service users and others.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person did not protect service users against the risks associated with the unsafe use and management of medicines by ensuring that appropriate arrangements were in place for the recording and handling of medicines used for the purposes of the regulated activity.</p>