

R & E Kitchen

Springfield House Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 26 April 2016. The last inspection took place on 24 September 2014. At this time the service was meeting the requirements of the regulations.

Springfield House is a care home which offers care and support for up to 23 predominantly older people. At the time of the inspection there were 20 people living at the service. Some of these people were living with dementia. The service is located in a detached house with two floors. There is a passenger lift providing access to the upper floor.

The service had 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 2008 and associated Regulations about how the service is run.

There were some malodours throughout the service and the communal areas were in need of some refurbishment. Carpets and floors were not being effectively cleaned regularly. Soiled laundry was sorted on the floor of the laundry room. We saw soiled incontinence pads wrapped up in soiled laundry had been sent to the laundry room. This posed an infection risk. Some people's bedroom doors slammed shut loudly. This posed a risk of injury to people using these doors regularly.

We looked at how medicines were managed and administered. We found it was not always possible to establish if people had received their medicine as prescribed. We found medicines remained in packs when records showed the person had had the medicine given to them. Medicine audits were not consistently identifying when errors occurred. We found several full sharps bins stored at the service. The service did not have a system for the safe collection and destruction of sharps. Some people's risk assessments had not been reviewed regularly according to the records. The registered manager told us these had been done but not recorded in a timely manner.

The service held personal money for people living at the service. We checked the money held against the records kept at the service. The records were not accurate. The registered manager was able to explain the discrepancies and told us that some transactions were not always recorded at the time they were done.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. People were treated with kindness, compassion and respect. People's bedrooms were comfortable and personalised to reflect people's individual tastes.

Staff were supported by a system of induction training, supervision and appraisals. Staff knew how to recognise and report the signs of abuse. Staff received training relevant for their role and there were good opportunities for on-going training and support and development. More specialised training specific to the

needs of people using the service was being planned. For example, dementia care training. Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were well organised and contained detailed information about each person's individual needs. People's care needs were reviewed regularly. Care records detailed people's preferences and dislikes and past life history. Where appropriate, relatives were included in the reviews of the care plans.

Activities were provided. Care staff planned activities for people. The management team were aware of the need to provide meaningful activities for people and were planning on providing more relevant programme of activities particularly for the men living at the service.

The registered manager was supported by a deputy manager and senior care staff. Staff and relatives of people living at the service were positive about the registered manager and told us they were approachable and friendly.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we have told the provider to take to address these concerns at the end of this report.

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. It was not possible to establish if people always received their medicines as prescribed.

Some risks had not been identified, addressed and regularly reviewed to help ensure people living at the service were protected.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Requires Improvement 

Is the service effective?

The service was effective. People received care from staff who knew them well, and had the knowledge and skills to meet their needs.

Staff were supported with regular supervision and appraisals.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Good 

Is the service caring?

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Good 

Is the service responsive?

The service was responsive. People received personalised care and support which met their needs.

Care plans were detailed and directed staff to meet people's

Good 

individual needs.

People knew how to make a complaint and were confident if they raised concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

The service was well-led. The registered manager was committed and motivated to improve the service provided to people. However, some actions were not always recorded in an effective and timely manner.

People said the registered manager was approachable and friendly.

People were asked for their views on the service. Staff were supported by the management team.

Good ●

Springfield House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 26 April 2016. The inspection was carried out by one adult social care inspector and one adult social care inspection manager.

Before the inspection, we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with two people who lived at the service. Not everyone who was living at Springfield House was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with five relatives of people who lived at the service, three members of staff and a visiting healthcare professional.

We looked at care documentation for three people living at Springfield House, medicine records for four people, three staff files, training records and other records relating to the management of the service.

Is the service safe?

Our findings

We were told that cleaning staff were employed in the service for 20 hours each week. Care staff had the responsibility of any additional cleaning that was needed as well as managing the laundry requirements for people at the service. There were malodours in all areas of the service. Carpets in several areas of the service were stained and worn. We were told the carpet cleaner was not working efficiently and this had been reported to the provider but a replacement had not been provided. A cat who lived at the service and the registered manager's puppy were present during the day of this inspection. Both animals were seen to defecate on the floor in different areas of the service during this inspection. This meant there was a potential infection risk as carpets could not be cleaned effectively.

A person living at the service was seen to react aggressively towards the enthusiastically friendly puppy during this inspection. The animals did not have care plans or risk assessments to help ensure any risks had been assessed and that they were regularly toileted outside.

The laundry room was in need of decoration and repair. The service did not use red aginate bags for soiled laundry as there had been issues with the bags causing blockages in the pipework. Staff emptied bags of soiled laundry on to the floor of the laundry room in order to check the content of the bags before washing. It was reported that soiled pads had been found previously placed with soiled laundry in the same bags. The floor was dirty and had not been cleaned effectively. This meant there was a potential infection risk as the floor of the laundry was not kept clean.

We were sent a quality assurance report from the local clinical commissioning group prior to this inspection. This report highlighted concerns such as malodours throughout the service and people's bedroom doors slamming shut too quickly. The service was requested to fit slow door closures to ensure the safety of people living at the service. We saw many bedrooms still had doors that slammed shut very quickly. This meant there was a potential risk of injury to people using the doors regularly.

We found a number of full sharps bins which had not been disposed of safely. These bins contained used needles and glass medicine bottles. The registered manager did not have a system in place for the safe removal and disposal of sharps.

Some people had been prescribed creams and these had not always been dated on opening. This meant staff were not always aware of the expiration of the item when the cream would no longer be safe to use. We found undated and expired creams stored in the medicine fridge. The registered manager confirmed these were no longer required by the person and were removed and disposed of during the inspection.

The above is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this report.

We were told various aspects of the service was audited monthly, such as the kitchen, medicines, mattresses, wheelchairs, accidents and incidents and moving and handling equipment. However, some

audits had not been carried out since January 2016. This was due to the staff member responsible, having left the service. Audits of medicines, people's mattresses and wheelchairs had not been carried out since January 2016. The registered manager told us these audits had been done but they had not been recorded.

The service held personal money for people who lived at the service. People were able to access this money to use for hairdressing, toiletries and other items they wished to purchase. We checked the money held against the records kept at the service. The records were not accurate. The registered manager was able to explain the discrepancies and told us that some transactions were not always recorded at the time they were done.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and the likelihood of falls. However, some risk assessments had not always been regularly reviewed. One person's care plan showed their falls and nutrition risk assessments had not been reviewed since 28 October 2015. We asked the registered manager about this. They told us; "I've done it but its not recorded." This meant assessments were not always recorded in a timely manner.

We looked at the medicine records to check if people received their medicines as prescribed. We found these records were not always accurate. Three people had medicines which had remained in the Medicine Dispensing System (MDS) when the records showed staff had signed to indicate that people had taken them. We were told new staff had incorrectly recorded medicines as given instead of recording them as refused. This meant it was not easy to establish from the records what prescribed medicines had been taken by people. Medicine audits were carried out. However, these had not been effective in identifying the concerns found at this inspection.

The above is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service was not holding any medicines that required stricter controls. The cold storage of medicines was monitored. There were records that showed medicine refrigerator temperatures were recorded daily. This helped ensure any fault with the refrigerator would be identified in a timely manner and the safety of the medicines stored inside could be assured. Staff training records showed all staff who supported people with medicines had received appropriate training.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example, one care plan clearly directed care staff about what could potentially trigger behaviours that might challenge other people and staff and guided them on how to address the situation. This helped ensure there would be a consistent approach from all staff.

People, their families and a visiting healthcare professional told us they felt it was safe at Springfield House. Comments included; "It is a perfectly safe place" and "Yes I think it is a safe home."

Staff were confident about the action to take in the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received recent training updates on Safeguarding Adults and were aware that the local authority was the lead organisation for investigating safeguarding concerns.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such

events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

Hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use.

We saw the service had ensured that the necessary safety checks and tests had been completed by appropriately skilled contractors. Fire safety drills had been regularly completed and all firefighting equipment had been regularly serviced.

Each person had information held at the service which identified the action to be taken for each person in the event of an emergency evacuation of the service.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of references.

During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. We saw from the staff rota there were four care staff in the morning and three in the afternoon supported by a senior carer on each shift. There were two staff who worked at night. Many of the staff had worked at the service for a number of years and told us they felt they were a good team and worked well together.

Is the service effective?

Our findings

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. So we observed care provision to help us understand the experiences of people who used the service.

Relatives told us; "We are very happy with the staff's ability to provide what (the person's name) needs, they have done so well since being here" and "As soon as I walk in here I feel comfortable, they (staff) look after (the person's name) very well."

A visiting healthcare professional told us; "They (staff) are good at reporting any concerns to us in a timely way, I am happy with the care provided here, I have no concerns."

The service had recently undergone improvements. A replacement passenger lift had been installed, along with a new bathroom. This bathroom had only just been completed at the time of this inspection. The whole room was white including all the sanitary fittings. People living with dementia need prompts and additional supports to easily recognise their surroundings. The registered manager agreed that coloured toilet seats would benefit people with such needs and assured us this would be addressed. We noted that the communal areas of the service were in need of refurbishment and repair to areas of wear such as the corners of walls, carpeting and general décor.

Existing bathrooms and toilets in the service were marked with pictures and bedroom doors had people's name on them together with a picture that was relevant and meaningful to them. This supported people to easily recognise their surroundings. People were able to furnish their rooms to their taste, and we saw people had their own furniture, ornaments and pictures. This gave their bedrooms a familiar feel.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. Training records showed staff were provided with regular updates to refresh their knowledge. Staff had also undertaken a variety of further short courses related to people's specific care needs such as dementia care. The registered manager told us they were planning to provide a more in-depth dementia training course for the staff to help them to meet the needs of people living at the service.

The service provided additional training for staff which was specific to people's individual needs. For example, a person was due to move in to the service with specific care needs that required the staff to have specific knowledge and competencies. The district nurses confirmed to us they would arrange to teach and observe each staff member until they felt they were competent to meet this person's care needs.

In care files we saw there was specific guidance provided for staff. For example, one person suffered from a health condition and there was detailed information for staff about this condition. This meant staff had easy access to relevant information that supported best practice in the care of individual's needs. Staff had access to further best practice guidance in areas such diverticulitis, anaemia and prostate cancer.

Staff received regular supervision and appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service, familiarisation with the service and the organisation's policies and procedures. The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. The Care Certificate should be completed in the first 12 weeks of employment. The service provided a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. New staff told us they had completed or were working towards completing the care certificate and had shadowed other workers before they started to work on their own.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that people had had their mental capacity assessed and the necessary action had been taken in people's best interests where indicated.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had records of all applications made to the local authority for authorisations for potentially restrictive care plans. Two authorisations had been granted. The service had records of when each authorisation was due for review. There were conditions set out in one authorisation and we saw the service were meeting those conditions.

The registered manager was aware of changes to the legislation. The service policy for MCA and DoLS had been reviewed to reflect the Supreme Court judgement in 2014 which changed the criteria for when a person could be being deprived of their liberty.

Some staff had received specific training on the MCA and DoLS legislation. The staff we spoke with were able to tell us how they ensured people had their legal rights protected. Staff were clear that people had the right to make their own decisions when they have capacity to do so.

The menu was displayed in the service to prompt people on what was to be offered at the next meal. We observed the lunch time period in the dining area. Most people chose to eat their meal in the dining area. Some people, who remained in their rooms through their own choice or due to being cared for in bed, were provided with a meal in their rooms. Staff provided support for people as needed. The food looked appetising and people were offered a choice of food. There was fresh fruit and a drinking water dispenser available to people throughout the day.

People told us they enjoyed the food. Relatives were positive about the 'home cooking' provided at the service. Relatives and visitors were invited to join their family members for meals if they wished.

The service had received a 5 star rating following a Food Standards Agency inspection in August 2015. We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes. They

made a point of meeting new residents in order to identify their dietary requirements and preferences. Where possible they tried to cater for individuals' specific preferences. Care staff had 24 hour access to the kitchen so people were able to have snacks at any time of the day even if the kitchen was not staffed. We were told there were plans for a new kitchen to be fitted at the service in the near future.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. For example one person had lost weight recently and staff were recording their intake of food to help ensure it was sufficient. Food and fluid charts were kept by care staff. These were monitored and totalled each day and action taken to address any concerns.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes.

Is the service caring?

Our findings

Not everyone at Springfield House was able to verbally tell us about their experiences of living at the service due to their healthcare need. Relatives told us they felt involved in the care and support of their family members and their views were regularly sought by staff and management.

During the inspection we spent time in the communal area of the service. Throughout the inspection we saw that people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service.

People's dignity and privacy was mostly respected. Staff knocked on people's bedroom doors and waited for a response before entering. Staff sought people's agreement when they wished to support them such as before placing clothing protectors over their clothes before meals. Some people needed to wear net pants to hold their continence pads in place securely. We found net pants were not named for each person but shared communally. We discussed this with the registered manager who told us net pants were named initially, but the names had washed out during the laundry process. We were assured all net pants would be re-named for each person.

People's life histories were documented in their care plans. This is important because it helps staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly. Staff told us they felt they knew the people who lived at the service well and could find information about their backgrounds from care files and speaking with relatives and visitors.

Bedrooms were decorated and furnished to reflect people's personal tastes. When people are living with dementia it is particularly important to them to have things around them which were reminiscent of their past. The service encouraged families to bring in things that were familiar for people who lived at the service.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Visitors told us they found their family members were always clean and well dressed when they visited.

People and their families were involved in decisions about the running of the home as well as their care. They were encouraged to attend regular meetings and the registered manager and deputy encouraged feedback at every opportunity. Families told us they knew about the care plans and the registered manager would invite them to attend any care plan review meeting if they wished. The service held residents meetings to seek the views and experiences of people and their families about the service provided at Springfield House.

Is the service responsive?

Our findings

People had access to some activities within the service. There was a programme of events displayed at the service. An activities co-ordinator was not employed so staff organised a programme of events. However, it was not clear how the activities had been chosen to help ensure they were meaningful and relevant to the people living at the service. At the time of this inspection we did not see any activities taking place and most people slept for periods in their chairs. This issue had been identified by the service and the commissioning group and the action plan stated there were plans to introduce more varied activities particularly for a number of men living at the service. People had access to quiet areas and a secure outside space which was used in good weather.

Some people chose not to take part in organised activities and therefore were at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells.

During this inspection we observed two televisions were on in different parts of the same room. The televisions were both on different channels at the same time. This meant it was difficult for people to hear either television easily and created an amount of background noise. Throughout the inspection we observed that most people were either asleep or reading and not watching either television.

One person chose to smoke cigarettes and was supported to access their cigarettes and lighter and go outside to an area specifically for smokers. Staff were available to support this person whenever they wanted to go out for a smoke.

Relatives of people who lived at Springfield House told us; "I am very happy with the care there" and "I have no concerns at all the staff are always very informative when I ring or visit."

People who wished to move into the home had their needs assessed to ensure the home was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs.

People were supported to maintain relationships with family friends. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member. People commented on the homely atmosphere at the service, telling us that this was one of the key reasons for choosing it as a place for their family to be cared for.

Care plans were detailed and informative with clear guidance for staff on how to support people well. Each person had a 'pen picture' which contained specific information related to the person such as their preferred name, their food likes and dislikes, hobbies and past jobs. The care files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The detailed care plans helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time. The information was well organised and

easy for staff to find. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. Family members were given the opportunity, if appropriate, to sign in agreement with the content of care plans.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. One person was receiving end of life care at the time of this inspection. Staff were recording the care and support provided to this person every hour throughout the day and regularly at night. Night staff carried out regular checks on people in their bedrooms and offered a variety of drinks to anyone who was awake.

Some people required to be regularly re-positioned in bed to prevent them from experiencing damage due to constant pressure on their skin. We saw staff regularly completed records to show people were being regularly moved in accordance with their assessed needs stated in their care plan.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends.

If people needed to go to hospital for treatment an information pack was sent from the service with the person. This pack provided hospital staff information on all aspects of the person's preferences, dislikes, care and support needs. We were told the hospital staff valued this information highly and that it helped provide seamless consistent care to people whilst in hospital.

There was a staff handover meeting at each shift change. We observed an afternoon handover meeting where staff shared information about changes to people's individual needs, any information provided by professionals and details of how people had chosen to spend their day.

The service held residents meetings to help ensure the views and experiences of the people and their families were heard regarding aspects of the service provided to them. One relative told us they had requested that their relative move rooms and that this had been addressed in a timely manner.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were available in the front entrance of the service. The complaints policy held the contact details of the Care Quality Commission and the Local Ombudsman for people to contact if wished. People we spoke with told us they had not had any reason to complain. We saw that concerns raised to the registered manager in the past, had been responded to appropriately and in a timely manner.

Is the service well-led?

Our findings

The registered manager had not notified the Care Quality Commission that DoLS authorisations were in place for two people living at the service. This was addressed at the time of this inspection. The above contributed to the breach of Regulation 17 detailed earlier in this report.

Relatives, staff and external healthcare professionals told us the registered manager was approachable and friendly.

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a deputy manager and senior care staff.

Staff told us they felt well supported through supervision. Staff commented they could approach the registered manager at any time with any issues they may have. They felt they would be listened to and action would be taken. There were systems in place to support all staff. Staff meetings took place regularly. They gave an opportunity for staff to voice their opinions or concerns regarding any changes.

The registered manager worked in the service every week day providing care and supporting staff. This meant they were aware of the culture of the service at all times. Daily staff handovers provided each shift with a clear picture of each person at the service and encouraged two way communication between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the home were aware of the current needs of each individual.

The registered manager was committed and highly motivated to constantly improve the service provided at Springfield House. They had worked with the local commissioning group on a mutually agreed action plan over recent months. Many actions had been completed and some still needed to be addressed. Some of the outstanding actions had contributed to the breaches of regulations outlined earlier in this report.

A premises audit had been carried out in March 2016. This had highlighted some issues that needed to be addressed, such as broken table lamps, and a wardrobe which needing fixing to the wall. We saw these issues had been addressed.

People's rooms and bathrooms were kept clean. The owners had carried out recent improvement work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users. The registered person must assess the risks to the health and safety of service users of receiving the care or treatment; doing all that is reasonably practicable to mitigate any such risks. Also assessing the risk of, and preventing, detecting and controlling the spread of infections.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of this regulation. Such systems or processes must enable the registered person to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and decisions taken in relation to the care and treatment provided.</p>