

The Franklyn Group Limited

The Gatehouse

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Overall summary

This inspection took place on 28 October 2014 and was unannounced.

We last inspected The Gatehouse on 29 October 2013. At that inspection we found the home was meeting all the essential standards that we assessed.

The Gatehouse is registered to provide personal care and support for up to 31 people older people. It is a large converted and extended detached property, previously a private residence and is located in a residential area of Harrogate. The home is set in attractive grounds a short

walk to local amenities and the Valley Gardens approximately one mile from the town centre. All of the bedrooms are equipped with en-suite facilities. There is a passenger lift.

When we visited there was an acting manager in post. The acting manager confirmed that their application to be registered with the Care Quality Commission (CQC) was in progress. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found improvements were needed to make sure that people's care needs in relation to eating and drinking were recorded in a timely way and to ensure all staff received updated training.

Although senior managers understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) increased staff awareness of the principles of the MCA would further enhance people's care and support planning.

We found effective management systems were in place to promote people's safety and welfare. The home had assessed potential and actual risks and had taken action to minimise these.

People told us they felt safe and trusted the staff team. They said there were always enough staff and rotas were flexible to support people's preferred routines. Arrangements were in place to update the medicine systems and when we visited a new system was being implemented to ensure people continued to receive their medicines safely.

People spoke positively about the care they received. We saw verbal communication was very good between staff members making sure that people received safe, co-ordinated and effective care in practice.

People were cared for in a warm, comfortable and clean environment. Furnishings were of a high standard and people described the home as like a 'five star hotel'.

People told us they were treated with compassion, kindness, dignity and respect. We heard of numerous examples of staff kindness during our visit. The nominated person came in for special mention for particular acts of kindness but people spoke positively

about all the staff team and the care they received. We saw all staff displayed sensitivity towards people they supported and staff showed a kindness and warmth to people throughout our visit.

People followed a range of interest and pursuits and staff were encouraged to think creatively of new activities that might be of interest. There was much to stimulate interest and conversation, from chickens that had been hand reared to the dinner parties planned for the festive season. People could make choices about their meals and their preferences were incorporated into the daily menus. For people who had family living away social links could be maintained through the use of the internet.

People told us they received sensitive care and support when they were unwell. They had access to their doctors and other healthcare professionals to support their health. This was confirmed by speaking with people and from reviewing records.

People and their families were encouraged to discuss any issues they might have. People told us they were confident that any concerns they might raise would be dealt with appropriately.

The home's management promoted an open culture to support people's wellbeing. The nominated individual and the acting manager understood the home's strengths and, where improvements were identified, they had put plans in place to achieve these. Future planned initiatives included a new communication tool to support person centred care planning and a programme to mentor care staff in thorough, best practice delivery of care. This showed us that managers encouraged a culture of continuous improvement.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to some record keeping and staff training. 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 safe. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Robust recruitment procedures were in place and there were enough qualified, skilled and experienced staff to meet people's needs.

Arrangements for the safe storage, administration and recording of medicines were not fully checked at this inspection because a new system was being introduced when we visited.

People were protected from the risk of infection because they were cared for in a clean, hygienic environment.

Good



Is the service effective?

Some aspects of the service were not effective. People experienced care, treatment and support that met their needs and protected their rights. However, records in relation to people's eating and drinking were not always completed in a timely way.

Managers understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS)

Staff training including training on the MCA required improvement. The acting manager had developed plans to make sure that staff training was reviewed and updated.

People were supported to have sufficient to eat and drink. Food served was appetising and well balanced.

Requires Improvement



Is the service caring?

The service was caring. People told us they were always treated with kindness and respect. Good professional relationships were in place between people living in the home, their relatives and staff.

Staff were warm and kind and they shared information about people's wellbeing sensitively and clearly.

People's preferences were checked out with them and were respected.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Good



Summary of findings

Is the service responsive?

The service was responsive. People were always consulted before they received any care or treatment and the provider took into account their rights and wishes.

People were provided with a range of activities that reflected their previous interests. Community and family links were actively supported and promoted.

Staff supported people to access healthcare professionals to make sure they received the right treatment that met their healthcare needs.

Outstanding



Is the service well-led?

The service was well led. The registered manager had recently left the home and an acting manager was in post. The nominated individual was an active presence in the home and there was a consistent staff group.

People told us that both the nominated individual and the acting manager were approachable and they spoke to them on a daily basis.

The acting manager had established clear objectives in place to review and improve the service.

Good



The Gatehouse

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.

This inspection took place on 28 October 2014 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. We also reviewed the information we held about the

service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We contacted the local authority contracts and compliance team and health watch to ask for their views on the quality of the service provided by the home.

During the inspection we spoke with 11 people and with the person responsible for supervising the management of the home (we call this person the nominated individual). We spoke with the acting manager, care staff and a chef. We spoke with a hairdresser and a relative who were visiting the home. We also attended a staff handover. Following the inspection we received feedback from a social worker.

As part of the inspection one of the inspection team took lunch with people living at The Gatehouse. We spent time observing the interaction between people who lived at the home and staff. We reviewed records relating to the management of the home, staff rotas and maintenance checks. We reviewed care plans for four people.

Is the service safe?

Our findings

People said they were very happy at the home and were confident that if they had any concerns these would be dealt with appropriately.

Before our visit the local authority contracts and compliance team confirmed there were no safeguarding or other concerns that they were aware of. The Care Quality Commission (CQC) had not received any notifications in relation to serious incidents, whistle blowing or safeguarding alerts in the past year. When we spoke with staff they told us they had received safeguarding training. They had a good understanding of what constituted abuse and could tell us what they would do if they had any concerns. This showed us staff were aware of the systems in place to protect people and how to raise concerns.

The service followed their recruitment and selection policy to ensure they recruited suitable people to work in a care home. We saw all the necessary paper work was in place when new staff had been recruited. We saw that Disclosure and Barring Service (DBS) checks had been obtained and that references had also been received. This provided evidence that only people considered to be suitable to work with vulnerable people had been employed. The acting manager told us that completed application forms and CVs were used to structure individual interviews around the role being applied for. Successful applicants were invited for a trial shift so their personal traits could be observed. The acting manager said that feedback from people living at the home was an important part of the recruitment process.

We checked rotas over a four week period which showed staffing levels were consistent. Everyone we spoke with said there were always staff on hand to assist them. One person said, "It's so reassuring to know they are there. Nothing is too much trouble for them." Care staff told us that because the home employed ancillary staff they could concentrate on meeting people's care needs to make sure everyone was safe. Rotas showed a minimum of four care staff were available through the day with two waking staff on at night. Staff said that they were always flexible and rotas would be altered should people's care needs change or if they needed additional support for example, to attend

a hospital appointment. When we visited a new shift pattern was being piloted with an additional care staff provided between the hours of 7.30am and 12pm to provide additional support at this busy time.

Risk assessments had been carried out for people in order that their needs were met safely. The risk assessments were thorough and covered areas such as mobility, nutrition and the use of bed rails. The risk assessments had been reviewed on a monthly basis and changes made according to individual need. This meant that the home was taking action to identify and minimise potential risks.

On the day we visited the home was in the process of changing to a new medicines system. The acting manager explained the new system was being introduced to streamline medicine systems across the company. The deputy manager told us their priority was to make sure that the new medicines were checked in and medicine administration charts (MAR) were in place for the first medicine rounds. We saw medicines were stored in locked trolleys appropriately secured to a wall in the staff room. We checked the controlled drugs kept for one person and found these were correctly stored, administered and recorded. However because the new medicines had just arrived it was not possible to check all the medicines arrangements on this occasion.

When we spoke with staff they confirmed they understood the principles of good infection control. The Gatehouse had received a food hygiene rating of '5' by Harrogate Borough Council on 1 April 2014. A food hygiene rating of '5' reflects the highest rating awarded. Staff told us that they had received training in infection control and best practice on hand washing and rubbing gel, which we saw was sited throughout the home. They were confident about isolation practices in place for infection outbreaks and used a 'red bag' system for the isolation of soiled laundry. The acting manager showed us the new laundry disinfection equipment and told us about a new commode pan washer to reduce the risk of cross infection. We heard this equipment was backed up by staff training and on-going support and maintenance. All of this evidence showed us that systems were in place to reduce the potential of the risk and spread of infection.

Is the service effective?

Our findings

People were positive about the home and they told us they were looked after very well. However, we found staff had not always updated people's daily records in a timely way. This meant that records were not being effectively used to support the provision of consistent, high quality care.

For example, we found that one of the care plans had instructions that people's skin integrity should be checked and recorded daily, this was not being done. We brought this to the attention of the nominated individual. They told us people's skin integrity was checked and they would ensure it was recorded in line with the instructions in the care plan.

Food and fluid charts had not been completed appropriately. This meant people who were at risk of poor nutrition or dehydration were not being monitored in line with their care plan. Food and fluid intake charts for one person who was at risk of dehydration and poor nutrition had not been completed at each shift. We reviewed charts completed over a seven day period. The fluid charts had not been completed at each shift and had not been totalled after a 24 hour period. We totalled the fluid charts for seven days and the average fluid intake was 600 millilitres of fluid. This meant people's fluid intake was not being measured putting the person at potential risk of dehydration. On the charts we looked at we saw that only one meal a day was being recorded.

These matters were a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The PIR stated staff received mandatory training, induction and supervision as identified and required. Staff told us they were appropriately supported to enable them to deliver good care. Examples of training included videos on induction, first aid and food handling and hygiene. New members of care staff worked a number of trial shifts so that they could become familiar with people's care needs and completed an induction period. However, when we visited there was little evidence staff had received training this year. Although one staff member was currently doing their level 2 NVQ which included dementia awareness training only one other person had received training in dementia awareness. One staff member's moving and handling training was out of date.

In the staff files we looked at we could not see any evidence that staff had received supervision or a review of their professional development. The acting manager told us they were in the process of supervising people although their files had to yet been updated to reflect this. Supervision of staff was only recently taking place after an absence of a year. Out of the four staff files we looked at we saw only one member of staff had a review of their learning and personal development needs. Other staff had not had an assessment of their learning needs for over a year.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests.

Where the service felt people's capacity to make a decision was in question we saw that a capacity assessment had been carried out. We saw for example, that people had an assessment for the use of bedrails. However, there was no recorded evidence of training in the Mental Capacity Act (MCA) 2005 or Deprivation of Liberty Safeguards (DoLS). Staff did not have an understanding of what would constitute a deprivation of liberty. The MCA 2005 gives a definition of what would constitute a deprivation of liberty and because staff had not received training in the MCA there was a risk staff could restrict people's freedom, choice and control.

These matters were a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During lunch we saw staff assisted people to serve themselves and where necessary they provided discreet support to help people eat. People said that they enjoyed coming down to the dining room to eat but they could be served in their rooms if that was what was preferred. The food served was delicious and well balanced. Two professional chefs were employed to prepare nutritious food, which was locally sourced.

Printed menus were freely available in the lounge and dining room to remind people of the menu for the day. A chef said they always asked people what their favourite dishes were and tried to ensure that they included those in the daily menus. We observed the chef calling on people in their rooms to check what they wanted to eat. People told us the food was always very good and, if you didn't want

Is the service effective?

what was on the menu the chef would always offer an alternative. One person said they could always request something different and she sometimes had an omelette if she didn't want what was on the menu. She said "It's more like home." Another person who praised the food said, "They will make anything we want. I love salmon and they made me a lovely salmon dish." And another person said, "The food is very, very nice and enjoyable." Records showed people at risk of poor nutrition had been appropriately referred to their doctor or the dietician to make sure people received an adequate food intake. This evidence showed there were suitable arrangements in place to make sure people's dietary needs and preferences were catered for.

People spoke positively about the care they received. One person said "I like it here very much. We are so well looked after." Staff told us that they consulted with people's doctors and healthcare professionals to make sure people received the right care that met their needs. People

confirmed this was the case. Records showed that people were supported to see health and social care professionals in a timely way. We saw people were provided with suitable equipment such as profiling beds, which reduced manual handling needs and improved people's comfort.

At the staff handover we heard staff shared detailed information about people's health and well-being. This meant staff starting their shift had been made aware of any concerns in people's health. We found staff were knowledgeable about people living at the home and discussed their care needs in a sensitive way. Concerns about people's welfare were highlighted and follow up action was debated and agreed. This included direction on further monitoring of care, adding detail to care plans and referral to other social and health care professionals. This was evidence that the staff team were providing safe, co-ordinated and effective care in practice despite the issues with record keeping identified.

Is the service caring?

Our findings

People were enthusiastic about the care they received. Comments included, “It’s like a five star hotel and I couldn’t be happier” and, “It’s more like home.” Another person said, “We are looked after very nicely. If you want anything they get it for you. If you have to go to hospital or anything they go with you.”

During our visit we heard numerous examples of staff kindness. People said all the staff were caring and there was no difference between care provided by day or night staff. One person said, “You always expect to get one bad apple but there aren’t any here. They are all lovely and helpful.” The nominated person came in for particular mention by people who said she couldn’t do enough for them. One person who told us she had asked for a larger room when one became available said, “They (the nominated individual) couldn’t have been better at sorting it out and they discussed the plan with my son first. They are very caring.” Another person who had recently moved into the home said the nominated individual “Has made me feel so welcome.”

The nominated individual said that they wanted to make sure the facilities and the culture was one which promoted people’s choice and independence. Kitchen facilities were provided for example, so people and their visitors could make their own drinks and snacks.

Senior managers said they encouraged staff interaction with people and their families because they wanted people’s experiences to be as positive as possible. We spoke with one visitor who was very complimentary about staff care and compassion. They said that they called in most days and took lunch with their relative in private. They said they also used the hairdressing facilities. We reviewed the compliments and concerns folder. Comments were wholly positive and included such comments as ‘it was a weight lifted to know (name) was in a place of safety and loving care’. In written feedback another relative described the home as ‘warm and welcoming’.

The staff we spoke with felt they had a good relationship with people. When verbal communication was difficult, staff understood how people communicated when they weren’t feeling very well. They told us people used different facial expressions to communicate. One member of staff said to us, “We always try to do everything spot on.” During

our visit we heard staff checked people’s expectations and understanding before undertaking personal care. This showed us that staff were sensitive to people’s needs and preferences.

Throughout our visit we heard staff sharing information about people’s wellbeing sensitively and clearly. Staff coming on duty were updated with information relating to a new person such as the person’s preferred choice of name. The chef told us he had popped in to introduce himself to this person and had taken the opportunity to gently encourage the person to come down to the dining room later on. We heard the chef updating care staff with this information so they could offer support and make sure the person felt comfortable. This showed us that people were treated with courtesy and their wishes were respected.

In speaking with staff we found they had a good understanding of dignity and respect. Comments included, “I think it’s important for people to have a choice.” “Staff here go the extra mile and people appreciate that.” Staff told us they loved working at the home and one member of staff said “I wouldn’t work anywhere else.”

We saw staff treated people with respect and kindness throughout our visit. When they supported people to the dining room, they did it at the person’s pace. We saw staff were willing to help people and actively involved people in their care. Conversation was warm and good humoured. There was laughter in the lounge.

We found staff were knowledgeable about the people they supported. They said they tried to make sure people’s wishes regarding their final days were understood and met wherever possible. Care plans included information about people’s end of life wishes. Staff told us they had received ‘end of life’ training and gave examples of where they had been able to liaise with the hospital and the Macmillan nursing team to make sure people received the right care that met their needs. Where ‘Do not attempt cardio pulmonary resuscitation’ forms were in place we saw they had been signed and dated. One person whose relative had experienced end of life care told us about staff kindness and compassion through their relative’s recent illness. They said that they had needed to ring the call bell for assistance on numerous occasions and support was

Is the service caring?

provided promptly and willingly. They said, “They (the staff) will do anything to help.” Following the inspection we received feedback from a social worker who said “Without a doubt this is the service I would choose for my mum.”



Is the service responsive?

Our findings

People confirmed they were involved in planning and reviewing their care. One person said to us, "We have agreed a care plan which says I can look after myself." Staff said they would complete certain checks such as monthly weights but where people had chosen not to be weighed this had been recorded. People told us their preferences were always checked out with them and were respected.

We found that people's changing care needs were identified promptly and people said staff were attentive. One person told us staff had identified an issue and made sure it was reported to the GP in a timely way. They said, "I like it here very much and I'm much better now. I've promised them I will be fit to go down to the lounge soon."

We found that care focused on the needs of the individual and we saw evidence that care plans were being updated to include more information about people's life history in the new documentation. Where these had been completed the staff we spoke with told us this information helped them understand the person better.

We found the home actively promoted community and family links. Local schoolchildren were encouraged to visit and some young people were employed to work in the dining room. One person told us they had their own telephone so they could keep in contact with family and friends. The acting manager told us the home was fitted with broadband access which enabled people to communicate with family using the internet. The use of technology enhanced existing activities and enabled people to keep in touch with family and friends.

There was an activities organiser who visited the home and we saw a number of activities on offer including armchair activities and entertainers such as opera singers, which people told us they very much enjoyed. People were asked which newspaper they liked and these were delivered every day. The home had its own hairdressing room, a drinks machine and the 'chit chat' club which was held every day. This gave people the opportunity to meet up and socialise.

One person sitting in the lounge proudly showed us the chickens in the garden outside which they had helped to hatch and hand rear. They said that when the weather was warmer the doors were open to the garden and they liked nothing better than feeding the chickens with biscuit crumbs at coffee time.

The nominated individual said she was continually exploring new ways to stimulate interest and conversation. She said for example, each person was encouraged to choose a favourite dish each month which was then incorporated into the menu. One person told us they had particularly enjoyed the salmon dish that had been cooked especially for them.

We heard of plans in hand for people to host individual dinner parties for family and friends where a special menu would be cooked to order. Future events included special meals at Thanksgiving and Christmas when an open house party was held with a hot food buffet available all day. One person said to us "It's lovely at Christmas. The food is good."

We saw that people were cared for in comfortable surroundings with a high standard of furnishings and in an atmosphere that fostered mutual respect. For example, the dining experience encouraged people to sit together and to enjoy a social occasion with each other. Tables were beautifully set with linen tablecloths, wine glasses and fresh flowers, which were brought in each week from a local market. Menus displayed on each table were titled 'Dining at No 9' and included the source of the meat provided, which gave people a topic for conversation. One person told us they always enjoyed reading the daily menu with a sherry before their meal. They said that they could take their meals in their room if they wanted but they said, "I rarely do, it's so lovely in here."

People had access to a professionally written reminiscence and activity tool that had achieved a Care Award in 2012. This contained articles, quizzes, old news stories, puzzles and entertainment geared towards stimulating the mind and improving memory.

People told us they would speak to the nominated individual or the acting manager if they were worried or upset. People said they had not made a complaint however they were confident action would be taken should they do so. The nominated individual told us they encouraged people to discuss any issues so they could be acted on and resolved quickly. They said that visitors were also encouraged to come and talk over any areas of concern they might have. The acting manager told us they had recently sent out a questionnaire to families and feedback from these was given to staff and used to inform areas for improvement. We reviewed the complaints / compliments folder and found that comments were complimentary.

Is the service well-led?

Our findings

The PIR stated that a senior member of staff had been brought in to add new skills, approach and leadership to the existing management team. The registered manager had left the home and when we visited there was an acting manager in post. The acting manager confirmed that they had started the process to be registered with the Care Quality Commission (CQC) as the registered manager.

We found some of the auditing systems were at an early stage and it was difficult to establish from the records whether incidents had been audited to identify trends. However, we found that the acting manager had established clear objectives to improve the management systems and determined the action they wanted to take to meet them. This meant that they were approaching change in a systematic way that could be clearly understood. They said future plans included staff registering for the Skills for Care 'Ambassador' programme created to promote adult social care. The nominated individual told us about the recent management change, which had been managed with the minimum disruption to people and to staff. One member of staff we spoke with said, "It's always good to look at things with 'new eyes' sometimes and the changes are for the good."

We found that the home was meeting its stated aims to provide a 'committed team of staff who work hard to ensure that the home offers clean, safe and pleasant surroundings and a relaxed atmosphere by giving genuine care and support to our residents'.

The nominated individual told us that the company ethos was one of empathy and caring, ensuring that staff care for people in a manner that they would wish for themselves or their closest and dearest. They were very clear about their philosophy and spoke passionately to us about the care and support people received. Staff took a similar approach to the care they provided. All the staff we spoke with said they felt supported by the nominated individual, the acting manager and the other team members.

Staff told us they felt managers would go out of their way to get people what they wanted and said they treated both

the people who used the service and the staff team with respect. Staff said that they enjoyed good employment terms and conditions and felt valued in their work. One member of staff told us even though they had moved away from the area they still commuted to work at The Gatehouse as they didn't think there could be as good a service anywhere else.

People at The Gatehouse confirmed that staff always listened to their views and acted upon them. People said that senior managers were always available to assist. One member of staff said to us, "I called (name) last night and she came straight down to help." Staff described a feeling of freedom at being supported to do their jobs with good support from management. One member of staff said, "I haven't come up with a question that they can't answer."

Everyone told us that the nominated individual maintained an active almost daily presence in the home. They used informal staff meetings as a teaching tool where staff could openly discuss the delivery of care and how well they were meeting people's expectations. Role play was also used as a way for staff to understand people's experience and as an opportunity for staff to think creatively of ideas that could enhance people's wellbeing. They also used the expertise available in their other homes to support staff and give advice in complex cases. For example, in the case of one person with mental health issues a home manager with experience of dementia care had provided staff with additional support and advice.

We saw that effective management systems were in place to make sure people's safety and welfare was promoted. Management systems were in place to make sure that routine safety checks such as electrical appliance checks were carried out in a timely way. We checked a sample of the home's maintenance certificates including the gas safety certificate, electrical inspection certificate. All of these were up to date. We saw that audits included agreed areas of improvement and if needed a plan of action including timescales for completion. This included a replacement carpet in the lounge that was showing signs of wear. This showed us that the service was continually looking to identify ways it could improve.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

How the regulation was not being met: People who use services are not protected against the risks of unsafe or inappropriate care and treatment because records were not being updated in a timely way. Regulation 20(1)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

How the regulation was not being met: Staff had not received appropriate training and supervision. Regulation 23 (1) ((a)