Altum Residential Care Ltd

Altum Spring

Inspection report

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Date of inspection visit:
19 May 2016
23 May 2016
27 May 2016

Date of publication:
08 July 2016

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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was unannounced and took place on 19, 23 and 27 May 2016.

At our inspection in May 2015, we found that the service was not meeting all the regulations we reviewed. We found four breaches in the Health and Social Care Act Regulations 2008 relating to staff training around physical intervention, managing risks, recruitment of staff and lack of training in Mental Capacity Act (MCA) 2005. In addition, we found two breaches in the Care Quality Commission (Registration) Regulations 2009 (Part 4). We saw that the home was using two names for the service, one of which was not identified on the home's statement of purpose. The statement of purpose is a legal document that sets out the home's aims and objectives. Services, which are registered with the Care Quality Commission, are required to notify us about certain events and incidents that occur. From the records, we checked we found that the registered manager had not always notified us about incidents that had happened at the home.

We returned to the service in November 2015 and found that the service had made improvements and the regulations were met. Following that inspection we were made aware, following contact with the Police, that we had not received all the notifications from the service when contact had been made by the home with them mainly relating to young people who were missing from home. Once made aware the provider made the notifications.

Altum Spring is registered to provide accommodation for up to four young people between the ages of 16 to 25 years old who require support with personal care. There were four young people living at the home during our inspection.

There was no registered manager was in post. This was because the provider and the manager had an application in progress to register with the Office for Standards in Education, Children's Services and Skills (Ofsted). This was because there had a change of manager and because the home was in the process of registering with OFSTED. 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.

At this inspection, we found that the home had breached the regulations in relation to the maintenance of the premises, the management of medicines, staff training and the lack of an effective quality assurance system.

We saw that the premises were not well maintained both inside and outside the home. We saw that plans were in place to upgrade the home and this work started during our inspection.

We saw that systems in place to ensure that medicines were safely administered needed to be improved so that medicines could be properly accounted for.

Because there had been a high turnover of staff this meant that all members of the staff team had not received the basic training they needed to support young people effectively and safely.

There were no formal quality assurance systems in place to gain feedback from young people, parents, relatives and health and social care professionals for their views and opinions about the service.

You can see what action we have required the provider to take at the back of the main report.

Whilst we recognise that sufficient staffing was provided by the use of permanent and agency staff, young people were not benefitting from a stable and experienced staff group and this could impact on the quality of care that they received.

A young person we spoke with told us that they felt safe at the home. They said, "I feel safe with the staff they reassure you." Another young person commented, "I feel like I belong here." A staff member told us, "I feel safe and comfortable here. We have a good time."

Young people were encouraged to be involved in household tasks to increase their daily living skills that would help towards their transition into independent living. We saw that were a young person had lived at the home for a long time they had achieved their goal of living independently and were due to move into an adult supported living service in the near future.

Staff had access to psychological support to help them understand young people's behaviours and help them to develop coping strategies to help reduce and manage their presenting behaviours. This service was in the process of being extended to provide one to one sessions with young people.

The atmosphere at the home was calm and relaxed. We saw there were frequent and friendly interactions between people who used the service and the staff supporting them. A young person said, "All the staff are really nice. They are definitely 100% kind and caring. They understand me and are not judgemental. They encourage us to gain our independence through trust."

We saw that young people's records were disorganised, which made it difficult to find up to date relevant information. However, we saw that a new computerised care planning and risk assessment tool was in place and staff were being trained to use it.

Young people spoke positively about the service. A young person said, "I have had lots of experience of other services such as hospitals and CAMHS but this is definitely the best one I have been to and I have had more help here than anywhere else" and "I am more confident and have more self-belief since I have been here. I have grown up a lot."

We saw that opportunities were provided to support young people to receive education and look at options for further training and employment.

Young people were involved in a range of different activities both inside and outside the home depending on their individual needs and personal wishes. Young people also had contact with their families and friends as appropriate.

The manager was clear about the need to ensure the service was run in a way that supported young people's individual needs and promoted each person's right to lead their own life as safely as possible. A staff member told us that the manager and the deputy were approachable.

We saw that young people and staff were able to speak openly and freely with the manager in order to express their views and opinions.

We received positive feedback from a social worker, an independent reviewing officer and the visiting neighbourhood Police team about the service and the manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Improvements were needed in the records for medicines to ensure prescribed medicines could be properly accounted for.

We found that the premises was not well maintained.

There had been a high turnover of permanent staff. This meant that young people were not always provided with care and support from staff who knew them well.

Young people and staff told us they felt safe and comfortable at the home.

Is the service effective?

Requires Improvement

The service was not always effective.

We found that, because there had been a high turnover of staff, there were gaps in the staff training and supervision across the team.

Young people were encouraged to manage their own budget, shop for and prepare their food. Young people were encouraged to eat healthily.

The service had access to psychological support to help reduce and manage young people's presenting behaviours.

Is the service caring?

Good

The service was caring.

The atmosphere at the home was calm and relaxed. We saw there were frequent and friendly interactions between people who used the service and the staff supporting them.

Young people told us that they got on very well as a group and were supportive of each other.

Young people spoke positively about the permanent members of

the staff team who supported them, as did staff about young people.

Is the service responsive?

Good

The service was responsive.

We saw that opportunities were provided to support young people to receive education and look at options for further training and employment.

Young people were involved in a range of different activities both inside and outside the home, depending on their individual needs and personal wishes.

Young people who used the service were encouraged to become as independent as possible.

Young people had contact with their families and friends as appropriate.

Is the service well-led?

Requires Improvement

The service was not always well led.

There were no quality assurance systems in place for young people, their relatives, staff and other stakeholders.

Young people and staff were able to speak openly and freely with the manager in order to express their views and opinions.

Altum Spring

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 and to provide a rating for the service under the Care Act 2014.

Before our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. 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 reviewed all the information we held about the service including notifications the provider had made to us and our management review processes.

This inspection was unannounced and carried out by one adult social care inspector.

We visited the home on 19 and 23 May 2016 and spoke three young people, the manager, the operations director and three support workers. We also talked to a visiting independent reviewing officer, a social worker and members of the neighbourhood policing team.

We looked at a range of records relating to how the service was run; these included a person's care records and medication records and at parts of the building. On 27 May 2016, we returned to the home to check the staff recruitment files.

Requires Improvement

Is the service safe?

Our findings

Young people said that the home needed to be redecorated and they were already involved in choosing wallpaper for the lounge. Staff also said that the home needed to be upgraded to help young people get a visual sense of how they were valued and to create a homely feel. A downstairs bathroom was out of use because there had been a significant leak from the flat roof. This bathroom was seen to have mould growth and required a major refurbishment. Outside the garden was seen to be overgrown, there was vegetation in the guttering, a wall had been knocked down to the rear by a neighbour and there were unwanted items around the grounds. This meant that young people were not able to use and enjoy the outside space.

The nominated individual and the new manager told us that £70K had been identified to make improvements to the home. The required work was planned to take place in three stages. This work had just been started and plans were in place to take young people out while the work was being carried out to minimise any disruption to them. Accessibility by people who had limited mobility or were wheelchair users was also being considered within the refurbishment.

We saw that checks for gas safety and electrical fittings and fitments were valid. However, we also saw that, the home's fire risk assessment needed to be reviewed and that records in relation to fire prevention and safety checks were not up to date.

The lack of a well-maintained premises was a breach of Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2014 Premises.

A young person told us, "There have been a lot of new starters The permanent and bank staff know what they are doing but not always the agency staff."

When we arrived at the home, we found that the new manager, two support workers and an outside agency worker were on duty at the home. People we spoke with told us that there had been a high turnover of permanent staff recently and high use of regular agency workers. It was noted that regular agency staff had been used by the service. There were seven staff vacancies at the time of our inspection. This is particularly relevant because some young people required one to one staff support. Staff now had access to an electric notification system in relation to shift availability, which meant that permanent staff were more likely to pick up additional shifts.

The new manager told us that some staff who had left the home recently had done so in part because they had challenged there poor practice and others not being found to be suitable during their probationary period.

We are aware through the inspection process that this is a repeating theme at the home. Whilst we recognise sufficient staffing is provided by the use of permanent and agency staff, young people were not benefitting from a stable and experienced staff group.

The manager told us that the recruitment, selection and retention of staff was the highest priority at the home. They also said that they were looking forward to building a new staff team that worked in a consistent way. We were that the manager had recruited four new staff who were due to start their induction during the week of the inspection.

Staff were responsible for the administration of people's medicines. We saw that medicines were securely held and systems were in place to record what medication people had taken. We looked at the home's medicines administration records for young people who used the service, which were hand written transcribes. We found that medicines records showed that two young people's medicines could not be accounted for. This meant that we could not be sure that young people had received their medicines as prescribed.

The lack of proper and safe systems of medicines management was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

We talked with staff about the recruitment system at the home. They told us that they had completed an application form and Disclose and Barring Service (DBS) criminal records checks had been undertaken.

We looked at the recruitment files of three members of the staff team which included documentation to confirm people's identity and copies of staff member's qualifications. We saw that the required information was available on the files; including a full employment history and that references had been taken.

We saw that a detailed interview was carried out before people were selected to work at the home and a probationary period was undertaken to ensure the applicant was competent to carry out the role.

A young person we spoke with told us that they felt safe at the home. They said, "I feel safe with the staff, they reassure you." Another young person commented, "I feel like I belong here." A staff member told us, "I feel safe and comfortable here. We have a good time."

The term safeguarding is a word used to describe the processes that are in place in each local authority to help ensure people are protected from abuse, neglect or exploitation. The staff who we spoke with told us they understood what action they would take if they witnessed an abusive incident, if a young person disclosed information of concern to them or they witnessed poor practice by colleagues. A staff member told us they would raise any concerns with the manager or if necessary the local authority and CQC. They were confident they could raise any issues and discuss them openly with the new manager.

Records we reviewed showed that the service had contacted the Local Authority Designated Officer for children's safeguarding and attended the Bury safeguarding forum. This is good practice and shows an openness to engage with safeguarding professionals.

We saw that some young people had high-risk behaviours. We saw that there was a lot of information on young people's files about risk and risk assessments were in place. We saw that there was a new electronic system for young people's records was in place. Staff had received training for this system which was due to become live on 1 June 2016. This will help staff to access up to date and relevant information about young people that they need to deliver safe care.

During the inspection, we saw that, although tired in appearance, the home was clean and no malodours were detected. Staff were responsible for supporting young people to keep parts of the home clean. This was to help young people maintain, take responsibility and develop their daily living skills for independent

living in the future.

Requires Improvement

Is the service effective?

Our findings

There has not been consistent permanent staff team since July 2015 and the service had not had a fully trained staff team in place since that time.

Because there had been a high turnover of staff this meant that staff had not always received the basic training they needed such as infection control, fire safety, safeguarding children etc., that they needed to support people safely and effectively. Records we saw confirmed this. However, we also saw from training records that staff had accessed training in attachment and containment, radicalisation, legal highs and equality and diversity. This type of training is relevant to young people's care and support needs.

Staff have recently been able to access to online training through the new electronic system and the manager had plans to increase the face-to-face training that staff received.

The manager had identified the training and development needs of the staff team. We saw that meetings had been held with a local college to put arrangements in place for staff to enrol on the Diploma for health and social care course once the induction and care certificate course had been completed by new staff.

The staffing situation also meant that it had been difficult to ensure that formal supervision sessions took place. Records we saw supported this.

The new member of staff we spoke with told us they had shadowed an existing member of staff to help them to get to know young people and the day-to-day routines. They said they had previous experience of working with young people in this setting and felt safe and comfortable to work at the home. One existing member of staff told us that they had redone their induction training with the support of the new manager. They said the new manager had helped them and "I can't thank her enough."

The lack of training, supervision and appraisal of staff to enable then to carry out the duties they are employed to perform was a breach of Regulation 18 Staffing.

The number of admissions to the home was low. The new manager told us that they would carry out assessments for young people who may be admitted to the home. However, the new manager had not carried out an assessment since joining the service in February 2016 as the group of young people had been settled and no new admissions had been made.

A young person told us the service looked at who was living at the home before a new person moved in to check young people would get on together. They said, "It can be difficult for a while when a new person moves in as it takes them time to settle."

At times young people who used the service presented behaviours, which might challenge others; this sometimes resulted in the staff team being required to use physical intervention techniques. We also saw from training records that staff had accessed training in physical intervention and diffusion and de-

escalation techniques. The new manager told us that physical intervention had not been used at the home during the time they had worked there. We were told this would only be used as a last resort to prevent the young person harming themselves and others. The manager told us that they would always look to divert and de-escalate any presenting challenging behaviours if they could. One staff member told us that there no boundaries at the home when they first came but that had changed.

A young person said, "[Staff] know my background and my triggers." They gave us an example of when they were coming home from a day trip and it was a long journey back. They said, "The staff member knew I was getting anxious and they stopped the car to reassure me." Another young person who was moving on told us, "I know how to manage my emotions now."

A staff member said, "We have to be clear what is normal teenage behaviour and what behaviours are not and need additional support." Another staff member stated, "Sometimes you have to bide your time and let [young people] know I am here when you are ready."

We spoke with an external clinical psychologist who was part of a team that had been employed by the provider since January 2016. The psychology team was made up of an educational psychologist and a recently appointed forensic psychologist. This team was contracted for one and a half days (11.25 hours) delivered in three half-day blocks a month. Their role was to support the staff team and help them to gain insight into the young people's behaviours and help them to support them with coping strategies. The psychology team were also about to start one to one therapeutic sessions with the young people.

On the day of our inspection, the psychologist was working with a group of five staff on person centred care. The psychologist told us that there had been some planning problems around the best use of time and changes in the staff team. However, they thought that the staff team was enthusiastic, took responsibility for their role and looked at young people's presenting challenging behaviour in a constructive way. Ways to demonstrate young people's progress were being considered by the manager. A new reward system had been set up with young people being able to earn up to £10 per week for positive behaviour.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We saw that most young people who come to live at the home were admitted under the Children Act and were Looked After Children (LAC) who were either on a care order, interim care order or under Section 20 of the Act. The Mental Capacity Act (MCA) also applies to young people who are 16 and 17 years old. The MCA Code of Practice Chapter 12 How the Act applies to children and young people states that 'there are no specific rules for deciding when to use the when to use either the Children Act 1989 or the MCA 2005. However health and social care workers should be aware of and their obligations to comply with the MCA.'

The young people who lived at the home had the capacity to make their own decisions about their day-to-day lives. However, because of the risks to their personal safety, one young person was not allowed to leave the home without one to one support of staff in line with their local authority safeguarding plan. We saw that the young person was going out regularly with staff throughout our inspection, to college and for a manicure.

We looked at the arrangements for food and drink. We saw that there was plenty of food and drink available. The kitchen was always accessible to people. A young person we spoke with told us that since the new manager was in post that the young people bought more healthy food but it was what they wanted to eat. Mealtimes were seen as a social occasion and young people enjoyed the occasional takeaway and going out as a group for meals.

We saw that young people had access to routine health care support visits to see health care professionals such as doctors, dentists and opticians for routine check-ups were recorded. We saw that young people had access to Early Break, Young People's Advisory Service (YPAS) and Child Sexual Exploitation (CSE) workers for additional support. Where a young person had specialist health support needs arrangements were being made with the appropriate health care professionals. Routine check-ups with health care professionals help to promote good physical and mental health.

Good

Is the service caring?

Our findings

A young person said, "All the staff are really nice. They are definitely 100% kind and caring. They understand me and are not judgemental. They encourage us to gain our independence through trust." A new staff member told us that they had been made to feel very welcome by young people and staff at the home. Another staff member said, "I look forward to coming to work."

The atmosphere at the home was calm and relaxed. Young people looked well cared. We saw there were frequent and friendly interactions between people who used the service and the staff supporting them. A young person told us, "We get on well as a group. We are like sisters and will stay in touch with each other. I am really sad to be leaving here and I would stay if it was nearer home." Another young person said, "We have our moments but everyone gets along and we make up within ten minutes. It will be hard to leave but I want to be nearer my family."

Young people we spoke with told us that they got on well as a group and the manager and the staff team confirmed that this was the case. The manager said that peer support was very good and another staff member described the group of young people as being, "Gentle with each other." It was clear from discussions with support workers that they had a good understanding of people's individual needs.

We saw in the manager's monthly report that the promotion of dignity and respect was covered, for example, when 1:1 support was in place at times of self-care this was carried out sensitively.

The manager gave us an example of one situation were a children's rights officer had been involved in a young person's review to ensure the young person's views and opinions about their future were considered. The manager said they wanted to increase the use of this team in the future. The manager gave us an example of how a young person's religion and faith had been considered by the service.

We saw that the home had a welcome pack for young people, which gave them information about the home, for example, procedures relating to how any instances of bullying would be dealt with and making complaints.

Good

Is the service responsive?

Our findings

Young people spoke positively about the service. A young person said, "I have had lots of experience of other services such as hospitals and CAMHS but this is definitely the best one I have been to and I have had more help here than anywhere else" and "I am more confident and have more self-belief since I have been here. I have grown up a lot."

We spoke with the visiting independent reviewing officer and the person's social worker. They told us that, although they had hoped there would have been more 1:1 psychological support, the young person's placement had been successful.

Young people were encouraged to get involved in education, training and employment. One young person told us, "I have started at Rathbones college and I am going to do a mechanical engineering course with motor vehicles. Although I am moving nearer home soon the course can be transferred through Rathbones." Another young person told us they were undertaking a hairdressing apprenticeship. Young people had also enrolled on the online 'Learn My Way' course to develop portfolios of their achievements for prospective college courses. A home computer had also been purchased.

We saw that young people had access to leisure activities, for example, they had recently been out on day trips to Blackpool and Alton Towers. Young people told us they also enjoyed going to ice skating, rollerblading as well as going to the cinema, which they did during the inspection.

Young people participated in activities in the home for example, baking and arts and crafts, which they said they enjoyed. Young people told us that their birthdays were celebrated. Contact with families and friends were encouraged as appropriate.

Young people told us that they were encouraged to be as independent as possible in preparation for the living independently in the future. One person told us, "I have started to do my own budgeting and shopping. There is a reward system for doing jobs such as cleaning and tidying your room and doing you're washing. I hope to move into my own place. Someone who lives here has done that." We heard a young person talking about purchasing items for their new flat and finding bargain buys. They told us, "It has been successful here and I have made good friends who I can rely on the future. I am standing on my own two feet."

We looked at the care records of two young people who used the service. We saw that there were support plans and risk assessments were in place as well as Looked After Children (LAC) documentation. We saw that reviews of the placement had been undertaken by the placing authority and had been chaired by an independent reviewing officer.

We saw that there was a complaints procedure in place and young people were made aware about how to complain on admission. No complaints had been made about the service since October 2015. A young person we spoke with told us, "I could speak with any of the staff if I have any worries or concerns."

Requires Improvement

Is the service well-led?

Our findings

Since our last comprehensive inspection in May 2015 the service had had three home managers. At this time the manager was not registered with the Care Quality Commission. This was because the provider and the manager had an application in progress to register with Ofsted. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run

The manager in place at the time of the inspection had been in post since February 2016. They had 14 years' experience working with children and young people and they had been previously registered as a manager with Ofsted. They said that there was a lot to do to improve standards but they were looking forward to the challenge. We saw that the manager had an action plan of improvements that needed to be made at the home. There was also a new deputy manager in place. The manager spoke positively about the deputy manager and said that they were committed to working at the home for the long term.

We saw that young people and staff were able to speak openly and freely with the manager in order to express their views and opinions. A staff member told us that the new manager and the new deputy manager were supportive and approachable.

The manager told us that an operations director who was also the nominated individual for the home supported them. The manager told us that the operations manager visited the service three or four times a week. The operations director had oversight of the management, care practices and development of the service. The operations director was a registered mental health nurse with over 30 years continuous experience in mental health services, which included being a manager, registered with CQC in secure hospital settings for both adults and children.

At our focused inspection in November 2015, we found that the service had addressed the issues about the home's statement of purpose and we were receiving notifications from them about incidents that happened at the home. However, between December 2015 and January 2016 the Police raised concerns with us about the level of contact they had with the home in relation to their reporting of young people being missing from the home. We were also aware that the nominated individual had met with the local police vulnerability team to help improve working relationships with them.

It was noted that since that time we have received all the notifications we should have and there had been a significant decrease in incidents at the home. This was because there had been changes to the group of young people who lived at the service.

At the time of our visit, four members of the neighbourhood policing team were visiting as part of the plan to improve working in co-operation. They told us that there was a good working relationship with the home at this time and their interaction with young people was seen to be positive.

We saw that the manager had completed a monthly report in March and April 2016. These were detailed documents, which gave an overview of the service, and the performance against the five outcome areas, safe, effective, caring, responsive and well led. The document covered, for example, safeguarding incidents, risk management, complaints and any physical intervention.

We saw that the home had a development plan in place that covered the period between February 2016 and January 2017. The development plan listed what was needed to improve the quality of care at the home, what barriers they might face in the process and the impact on young people. Areas for development included, for example, implementing therapeutic plans, creating a warm nurturing environment by renovating the home and strengthening the psychological support offered.

We saw that staff meetings were undertaken at the service, which gave staff the opportunity to raise any concerns they had or share ideas to make improvements at the home. They also gave the manager the opportunity to give clear direction to the staff team. Detailed minutes were seen from the staff meeting held on 25 February 2016 and the notes of the meeting held on 19 May 2016 were also seen.

We saw that meetings with young people were held on a weekly basis and included arranging for activities, individual menus, house rules, the reward system, the planned achievements award day, maintenance issues as well as complaints and compliments.

We saw that written personal information about young people who lived at the service was stored securely which meant that they could be sure that information about them was kept confidential. However, it was noted again that some information about young people was on the walls of the office. Although young people did not have access to the office, which was kept locked when not in use, visitors to the home did. One noticeboard with personal information could be seen through the window of the office, which was sited on the pavement outside. The home was in the process of switching the office and a quiet lounge to help improve confidentiality.

We found that, despite holding a lot of relevant information, young people's records were disorganised and not easy to use. We saw that the new electronic records system was to be introduced on 1 June 2016. This will help staff to access up to date and relevant information about the young people being supported and cared for.

Whilst we recognise that sufficient staffing is provided by the use of permanent and agency staff, young people were not benefitting from a stable and experienced staff group and this could impact on the quality of care that they received.

There were no quality assurance systems in place to gain feedback from parents, relatives and health and social community based professionals about the service. The manager was in the process of developing questionnaires to send out to relevant people, which will include young people.

The lack of an effective quality assurance system was a breach of Regulation 17 Good governance.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with unsafe or unsuitable systems for the management of medicines. Regulation 12 (2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services were not protected against the risks associated with unsafe or unsuitable systems for assessing, monitoring and improving the quality of the service provided. Regulation 17 (2) (a)

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

People who use services were not protected against the risks associated with unsafe or unsuitable care or treatment because of the lack of training, supervision and appraisal of staff to enable then to carry out the duties they are employed to perform.

Regulation 18 (2)(a)