Ashwood Care Home Ltd

Ashwood Rest Home

Inspection report

10-12 Shirley Avenue
Shirley
Southampton
Hampshire
SO15 5NG

Tel: 02380780232

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29 February 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 29 February 2016. This was an unannounced inspection. We had not inspected this service since it changed ownership in 2015.

Ashwood Rest Home provides care and accommodation for 18 older people some of whom were living with dementia. The home is situated in Shirley, Southampton and is near to the main high street with shops and restaurants.

The home did not have a registered manager: however, the provider had appointed a manager who was undergoing the process of registering with the CQC. 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.

The environment and equipment were not always clean, secure, well maintained or suitable for use. No hand washing sink was available in a toilet, which presented an infection risk. Windows were not secure or safe as they did not have restrictors fitted to stop them from being opened fully. The lift and a bathroom were out of order and in need of repair.

People's needs were assessed and some risks were identified in people's care plans. However, there were no risk assessments in people's care records.

Mental Capacity Act assessments of people's capacity to make particular decisions were not being completed on behalf of those people who did not have capacity. Records did not always show how decisions were made or why they were in the person's best interest.

People did not have access to activities within the home as often as they would like. People and staff told us there was not enough to do and people were often left to watch television.

The provider had not regularly audited the service to assess, monitor and identify where the quality of the service could be improved. The manager was developing systems and processes to support staff and improve the quality of the service. An effective complaints procedure was in place and concerns were listened to.

All staff had received safeguarding training and knew how to identify, prevent and report abuse. The manager was aware of how to report and manage any safeguarding concerns. Recruitment practices were safe and ensured suitable staff were appointed to work with people. There were enough staff to meet people's needs at all times. Staff received appropriate training and supervision.

Medicines were stored, administered and monitored appropriately. We observed people receiving their

medicines safely. Staff received training to administer medicines and were assessed as safe to do this.

People received sufficient food and drink and could choose what they wanted to eat. People were supported to access health professionals and treatments both in the home and in the community.

People and their families felt staff treated them with kindness and compassion. People were involved in planning their care and were encouraged to remain as independent as possible. Their dignity and privacy was protected at all times.

People received personalised care from staff who were able to meet their needs. Care plans provided comprehensive information and were reviewed monthly. People and staff described a positive culture that was personalised and included people in their care.

We identified two breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the 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?

Requires Improvement

The service was not always safe

The environment and equipment were not always clean, secure, well maintained or suitable for use. No hand washing sink was available in a toilet, which presented an infection risk.

Staff knew how to identify, prevent and report abuse and medicines were managed safely.

There were enough staff to meet people's needs at all times and recruiting practices were safe.

Is the service effective?

Requires Improvement

The service was not always effective.

People's capacity to make effective decisions was not always assessed and records did not always show how decisions were made or why they were in the person's best interest.

People received sufficient food and drink and could choose what they wanted to eat. People were supported to access health professionals and treatments

Staff received appropriate training and supervision.

Is the service caring?

Good

The service was caring.

People and their families felt staff treated them with kindness and compassion.

People were involved in planning their care and were encouraged to remain as independent as possible. Their dignity and privacy was protected at all times.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not have access to activities within the home as often as they would like.

People received personalised care from staff who were able to meet their needs. Care plans provided comprehensive information and were reviewed monthly.

An effective complaints procedure was in place and concerns were listened to.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider did not carry out a regular audit of the quality of the service.

The new manager was developing systems and processes to support staff and improve the quality of the service.

People and staff were aware of the positive culture that was person-centred and included people in their care.

Ashwood Rest 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 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 29 February 2016 and was unannounced. The inspection team consisted of two inspectors and a specialist advisor whose specialism was the care of older persons and people living with dementia.

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. It asks what the service is does well and what improvements it intends to make. We reviewed the PIR and previous inspection reports before the inspection. We looked at notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

We spoke with five people and observed care given to people throughout the day of our inspection. Two relatives spoke with us and we spoke with three members of staff and the manager.

We looked at seven people's care plans and associated records. We saw four members of staff's recruitment and training records. We looked at management records concerning accidents and emergencies, staff training and supervisions. We also looked at complaints, feedback surveys and quality monitoring and health and safety checks.

Requires Improvement

Is the service safe?

Our findings

During our inspection of the home we found some aspects of the environment presented a risk to people living there. In six upstairs bedrooms there were no window restrictors in place to prevent windows opening fully. Where people had some degree of cognitive impairment they were at risk of potentially falling out of the window if they were open. We also found one window downstairs could not be closed fully due to the poor condition of the window frame and a missing clasp. This presented a security risk as it gave easy access from outside. On the morning of our visit we found this room to be cold and the person's bed was directly in front of this window which had been partially open all night. We pointed this out to the manager who arranged with the service handyman for a repair to be made. This had not occurred by the time we completed our inspection.

We looked at environmental infection control measures and found that these were not of an acceptable standard. In one bed room we found an open red laundry bag with contaminated items in it placed on a table top. There were two toilets upstairs but no bathrooms where people could wash. One of the toilets was blocked off and had a sign saying it was out of order. This meant there was only one toilet for all the people whose rooms were upstairs. Whilst rooms did have sinks in them, people had to go downstairs to have a bath or a shower. People told us this put them off from having a bath. Each room contained a commode and in the shared rooms there were two commodes which had people's names on them. At least three of the commodes we saw were stained and two of them had not been emptied, although beds in the rooms had been made.

A downstairs toilet did not have a hand wash sink. When we pointed this out to the manager they said this was mostly used by staff and a hand wash basin was used in a bathroom near the kitchen. This bathroom was out of order, as the bath was broken and it was also used as a store room for towels. The manager was not carrying out regular water temperature checks in line with guidance on control of Legionnaire's Disease which put people at risk of infection.

The home had a passenger lift fitted from the first floor to the second floor. At the time of our inspection this was not in use and had been marked as being 'out of order'. The manager was unable to tell us what action had been taken to repair this lift and when it would be operational again. This meant people who could not manage stairs accessed the second floor by using a stair lift. The safety certificate for this stair lift ran out on 10 April 2014. The manager informed us this was with the provider and they would send us a copy, which we did not receive.

We looked at a hoist used to transfer people and found that inspection certificates were in date, but rust was found at the bottom of the base which had not been repaired by the company responsible for the hoist maintenance as stated. This posed a risk to the safety of people and staff using this hoist.

The failure to ensure premises and equipment were clean, secure, suitable for purpose and properly maintained was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks were not always assessed or recorded appropriately. Individual risks were not identified within people's care plans or as part of the assessment process. For example we saw in one person's care plans guidance for moving and handling. A moving and handling risk assessment identified there was a risk of falls due to clutter in their room. Another care plan identified that the person could not walk long distances and was unsteady on their feet and required crutches to walk. We had seen that the person had suffered from a number of falls as well. There was no falls risk assessment in place which identified ways to support the person and minimise the risk. This meant the provider was not managing the risk and had not identified ways to minimise the risk to the person.

People told us they felt safe living at Ashwood Rest Home. One person said, "I don't feel threatened, so I feel safe." Another person said, "It's a nice place to live and staff make me feel safe." A relative said, "[My relative] has only been here for six weeks. They seem to be safe and staff are aware of how to move them safely."

Staff had received training in safeguarding adults. Comments from staff included: "If I saw abuse I would report it to the manager not leave it. There is also a number we can call if we need to." I've had safeguarding training and if I had any concerns would definitely report it straight away." The provider's policy was a general policy that referred to the local authority's policy on safeguarding. The manager told us how they would manage an allegation or incident of abuse. They spoke about a concern they reported to the local authority safeguarding team and how this was investigated.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed in the home. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home. One member of staff said, "My interview was good, they asked me about my experiences and sent off for references and a DBS."

People and staff told us there were sufficient staff to meet people's needs. One person said, "There always seems to be enough staff and they are always checking that I am alright." Another person said. "You don't have to wait long for someone to help you. Staff are always busy but they keep popping in to check on us." A member of staff said, "I feel that we have enough staff." Another member of staff said, "Although we are always doing something, I don't feel hurried or that we miss anyone out." The staff rotas and numbers of staff on duty were decided by the manager and provider and were prepared using information on the type of support people required throughout the day.

Medicines were stored securely and in appropriate locations. New stocks of medicines and unused medicines to be returned to the pharmacy were secured separately to daily stocks. The member of staff responsible for ordering and returning medicines had a good knowledge of the system and maintained regular audits of medicines and records of administration. We observed medicines being administered to people by staff. The member of staff explained to the person what the medicine was and what it was for. They asked people if they were ready to have the medicines and waited for people to give consent. Each person was given a fresh beaker of water. Staff waited to ensure the medicines had been taken before completing the medicine administration record (MAR). We saw the MARs were complete and up to date. There was no system in place to ensure topical medicines were not used beyond their 'use by' date.

Each person had a personal safety care plan which identified people who could not use the call bell system. Where people could not summon help the care plan identified how often staff should check the person when they were in their room. People had personal evacuation and escape plans which identified the support and equipment they required if they needed to leave the building in an emergency situation. The

provider had clear guidelines and procedures in place to cover any potential emergency situations.

A member of staff told us, "I have just become the infection control lead. I am in the process of getting the folder and paperwork up together. Cleaning rotas and cleaning of equipment are all in place as well as deep cleans of commodes. I have put people's names on commodes so they don't get swapped. We have enough personal protective equipment and all bins now have lids on them."

Requires Improvement

Is the service effective?

Our findings

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 is 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 interest and as least restrictive as possible. Staff told us some people did not have capacity but there was no record of how the person's capacity had been assessed. A member of staff said, "One person does not have capacity and we have to ask the family for consent." Where people required consent for some decisions, it was not clear that this had been given by somebody who had the authority to do this on behalf of the person. In these circumstances a best interests meeting should have occurred. This meant decisions were being made on behalf of people that may have not been in their best interest.

One person had been identified as lacking capacity in a mental health care plan due to short term memory loss. The care records did not contain a mental capacity assessment about any decisions they required support with. When we spoke with this person they were able to tell us about their mental health condition. They said, "I know I am a little forgetful at times but I do understand what people say to me and have asked me to do. I can make decisions about what I like, don't like and can make choices when offered them." This inconsistency between the care plan and what the person told us could lead to staff making dA member of staff said, "One person does not have capacity and we have to ask the family for consent." Where people required consent for some decisions, it was not clear that this had been given by somebody who had the authority to do this on behalf of them person. In these circumstances a best interests meeting should have occurred. This meant decisions were being made on behalf of people that may have not been in their best interest.
ecisions on behalf of the person that they may not agree to.

The failure to assess people's mental capacity and document best interest decisions for people who lacked capacity was a breach of Regulation 11 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

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 are called the Deprivation of Liberty safeguards. The provider had made applications for a number of people under the Deprivation of Liberty Safeguards (DoLS). Where DoLS had been authorised
for five people, a relevant person's representative visited them in the home. They monitored people's care and ensured they received the support they required. They explained their role to us as like an advocate for the people who did not have any family representatives. They felt the applications for DoLS had been made appropriatedly for the people they visited.

New staff completed an induction which was part of the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care. One

staff member told us, "My induction was very good and very comprehensive and I am going to complete the care certificate." As part of the induction new staff worked alongside more experienced care staff. The manager met with staff and assessed them to identify if they were capable of working on their own with people. This ensured people were supported by staff who had the skills and knowledge to support them.

The provider had a comprehensive training programme for staff which provided them with the necessary knowledge to provide care to people. Comments from staff included: "The manager does a lot of training and we also go to training provided by Southampton City Council." "I have just completed dementia training which was held over four days, really good, opened my eyes would recommend to everyone." and "I have attended all training available. I liked first aid which was really interesting. I asked if I could do the full first aid training and they have agreed for me to do it." Staff told us they had been able to obtain professional qualifications relevant to their role. One member of staff said, I have asked to do the diploma in caring for older persons and the manager has found me a place on a course.

Staff told us they had recently begun to have supervisions. Supervisions provide opportunities for staff to discuss their performance, development and training needs and receive feedback on their performance from their line manager. One member of staff said, "I've had one supervision so far and have got another one booked for next month. It's new here and it was good to talk to my manager about what training I wanted to do." Another member of staff said, "I had my first supervision recently which was good. I felt valued and supported." The manager showed us a new format for the supervisions they had introduced which they said was working well. They told us they had not carried out annual appraisals as they had only been working in the home for a short while and wanted to get to know staff better before appraising them.

People praised the quality of the food. Comments included: "The food is excellent, the chef is very good." "Food is alright," "We've got a very good chef and we usually have a choice." "Pudding was nice, lovely custard." A relative said, [The person] said the food is really nice. There was a roast dinner yesterday and homemade cakes." A visiting health professional said, "They manage [person's] diet well and provide all they need for their diabetic diet." A member of staff said, "People get a choice at meal times, if they don't fancy something we can prepare something else for them. They can have whatever they want, it's never a problem."

We observed a meal time in both the lounge area and the dining room. People were able to choose where they ate their meals. People were offered good sized meals and were assisted by staff to eat. Diabetic options were made available to people with diabetes and staff knew people's dietary requirements. One person did not eat all of their meal but told us they had enjoyed what they did eat. Staff offered people the chance of extra food once they had eaten their meal and some people wanted this. In the lounge where some people were eating, the cleaner came in and started to vacuum the room and around people as they were eating. The television was also on which may have caused a distraction. In the dining room a person was given their medicine whilst they were eating. All of these distractions may have been difficult to cope with for people who had cognitive impairments and may have affected the amount they ate.

People were able to access healthcare within the local community and in the house. The manager informed us they had a positive relationship with the doctor's surgery opposite to them. We saw the manager contacting the surgery about one person and the GP called in within half an hour of the conversation. A member of staff identified a problem with new medicines that had arrived and walked over to the surgery to obtain the correct prescription. A visiting health care professional said, "I visit most days and this is one of the only homes that if you ask for something to be done, you know that when you go back staff have done it. They [staff] work well with the people here and are really good at referring people and acting on advice we give them."

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. Comments from people included: "I'm very happy here," "Staff are very nice and look after us well." "Staff always knock on my door before entering." "I can go to bed and get up when I want." A relative said, "The staff are really nice. I have worked in care myself and have got a good idea about good care and I am happy with how they look after my relative."

Staff were well attuned to people's needs. People were referred to by their preferred name, usually with a touch, and always with a smile. The atmosphere was friendly and relaxed, and it was clear that staff knew people well, and felt affectionate towards them. One staff member told us "I enjoy working here as I feel rewarded at the end of the day, people are happy. They are taken care of and their needs are being met. We are one big happy family." Another staff member told us, "I always tell people what I am doing and why, if they don't quite understand, I say it in simple terms and strike up a conversation by talking about a photo for example, to put people at ease so they feel comfortable."

Staff respected people's privacy and dignity. We observed care was offered discretely in order to maintain personal dignity. People's privacy was protected by ensuring all aspects of personal care were provided in their own rooms. Staff knocked on doors and waited for a response before entering people's rooms. One staff member said, "I always close the door, and pull the curtains in the room for privacy." Another staff member said, "I ensure privacy by closing the door and listening and respecting them." The manager informed us that as part of their daily checks around the home they made sure that doors and curtains were closed, and that staff were knocking on doors.

Staff told us they helped people by promoting their independence. One staff member said, "If I am washing someone I always pass them the flannel if they are capable, so they can do it themselves. I don't want to take their independence away from them." Another staff member said, "I always give choice and listen to what they want."

There were no restrictions on visiting and visitors and relatives were made welcome. A comment from a recent thank you card stated, 'We were made to feel very welcome when visiting at any time.' Another comment stated, 'They enjoyed their time with you and found the staff both friendly and caring.' Staff had a good knowledge of people and knew their likes and dislikes. People told us they could make choices and that their decisions were respected. People had a choice of a male or female staff when receiving personal care.

When people moved into the home, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received. Comments in care plans showed this process was on-going. The manager informed us, "We invite people to the home, for the day, to see if they like it, and have lunch and see if we can meet their needs."

We observed a lot of genuinely caring behaviour in staff interactions with people, which demonstrated they knew the person well. People were happy to talk with staff and communication appeared to be easy .

Confidential information, such as care records, was kept securely and only accessed by staff authorised to view it. When staff discussed people's care and treatment they were discrete and ensured conversations could not be overheard.

Requires Improvement

Is the service responsive?

Our findings

People and staff told us they were not happy about the level of activities in the home. Comments from people included: "There's not much to do." "There's no activities and I would like to do a lot more." "I enjoy the garden and would like to sit out there but we need to have some benches out there." "We used to have a sing song which I really enjoyed." A member of staff said. "I'm disappointed with the activities for people. We are all so busy so we put a film on and leave people with books."

We observed people spent most of the day sitting in the lounge or dining room. Staff would stop and talk to people or ask them what they wanted to do. A member of staff said, "[Person] looked really bored today so we asked them if they wanted to help with the washing up. They jumped at the chance to be involved in something and seemed to enjoy it." There was a daily activity plan on display in the dining room. On the day of our visit the identified activity was board games. These did not happen and a film was put on instead. One person walked out of the lounge saying the film had frightened them.

Individual daily records were maintained and staff recorded what the person had done over the course of the day. Some of these records had not been completed or showed that the person had done nothing from the time they got up until bed-time. When items were recorded, there was little detail about the person's mood, health or activity level. For example one day's entry for one person just stated "Watched TV, relaxing with others." These records did not contain information monitoring people's health and well-being so that staff could record changes and observe if the person's condition had changed.

There were a number of people living with dementia who were living in the home. The manager was aware of ways in which to improve the environment to allow people to orientate themselves in the building. They acknowledged that the layout of the building was not helpful in that upstairs there were long dark corridors and people could have difficulty in identifying the door to their room. Names of people and in some cases pictures were placed on doors. The manager was looking into decorating the corridor to have lighter walls and painting doors different colours.

Care plans provided information about how people wished to receive care and support. They gave detailed instructions about how they liked to receive personal care, how they liked to dress and were personalised with how people liked things to be done. For example one plan, gave detailed instructions on what time the person liked to get up and go to bed, where they preferred to eat and what movies they liked to watch. For another person their care plan stated, that 'they really enjoy reading and have lots of books and newspapers.

People and their families were involved in their care planning and care plans were reviewed monthly by the manager or senior staff. A staff member said, "We are trying to get families more involved in making people's care plans more personal to them. We have asked them for their views and ideas of what their relative needs, likes, dislikes and how they make their preferences known. We have asked them for people's histories and were looking at developing a storybook that told the story of that person's life.

'Resident meetings' had been held every two or three months, but had recently stopped as people did not want to attend. The manager said they were looking at re-introducing them and looking at how to make this a more rewarding experience for people. People were able to give feedback about the service through talking to staff and the manager.

People knew how to complain or make comments about the service and the complaints procedure was prominently displayed. Records showed that complaints had been dealt with promptly and investigated in accordance with the homes policy. The manager shared with us a recent complaint they had received. We could see they had met appropriate time schedules and this had been resolved to the complainant's satisfaction.

The manager told us they had not carried out a customer satisfaction survey and they could not find a record of a previous one. They said they had met with the provider and had identified an organisation that provided this service and collated the results for them. They were due to introduce this survey at the end of July 2016.

Requires Improvement

Is the service well-led?

Our findings

Some quality assurance processes were in place. However, the provider did not have an audit system in place to monitor the quality of the service. These audits should assess and monitor how the service is meeting the regulations. Where necessary these should identify the action the provider and manger need to take to make improvements to the service. This meant that safety concerns around delivery of care may not have been identified and the provider may not be able to judge if the service was fit for purpose.

The manager was updating a number of systems and processes of auditing the quality of the service. They had introduced a comprehensive supervision system which identified skills and knowledge staff had and areas to be developed. Accidents and incidents were audited on a monthly basis. This highlighted any trends or patterns which may have affected individuals or as a result of environmental factors. The manager shared learning from this analysis with staff and the provider. Health and safety audits were carried out regularly and we saw the fire alarm records were complete and up to date. Medicine audits were correct and up to date as well as records of receiving and returning medicines.

People and their relatives told us there was a positive culture within the home. Comments included: "The manager and staff are very approachable. If I have any worries I know I can talk to any of them." "I like the new manager, they get things done." "The manager and staff always lets me know what is happening and I feel they listen to me." A relative said, "This place seems to be well run and the manager is always walking around. I haven't met the owner yet." Another relative said, "staff keep us informed about [person's] care and ask us if we are happy with their care plan."

Staff told us they were supported by the manager and felt valued. Comments included: "The new manager is settling in well. I am right behind them on the changes they are making." "The manager listens to us and is open to new ideas." "The manager has an open door and they are really supportive. I feel really comfortable about telling them anything." "I feel valued and the manager really knows what they are doing."

There was a monthly staff meeting where staff could share their views on the care people received. This was an opportunity for staff to discuss the philosophy of the service. The manager said they were looking at using this as development aid for staff and to discuss current trends or provide updates to training staff had received. The manager said, "We are always looking at ways to improve the quality of the service we offer people. The staff meeting is a great opportunity to find out what staff feel are important issues and to gather feedback on improvements that we have made." A member of staff said, "We have regular staff meetings but we also see the manager every day and they often stay late. The most important meeting is the 10 minute meeting every day where we plan the day for people."

People and staff told us the service philosophy was about supporting people to be independent. One person said, "Staff are very good at helping me to do things for myself. I know I take my time but staff encourage me with kind words. They always have time for me." A member of staff said, "We promote independence by encouraging people. After all they have spent their life doing things for themselves and some people want to still do that. One person really likes washing up, so we ask them if they

want to help."

The manager showed us their development plan they had shared with the provider. This identified some courses they wished to attend to improve their knowledge and skills. One of these was to undertake a course on end of life care. They told us they read articles on web-sites about older persons care and dementia to update their understanding of these areas. They met with the quality and safeguarding team and attended registered manager's meetings organised by the local authority. They used these to share experiences and managing information and systems and processes associated with managing a care home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to assess people's mental capacity and document best interest decisions for people who lacked capacity

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider failed to ensure premises and equipment were clean, secure, suitable for purpose and properly maintained