

Miss Lucy Craig

# Kingsbury House

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

The inspection was carried out over three days. We visited the service unannounced on 19 November 2014 with an expert by experience and announced on the 20 and 21 November 2014.

The service met all of the regulations we inspected at our last inspection on 12 July 2013.

Kingsbury House consists of terraced houses which have been converted and adapted to provide accommodation for up to 30 older people, some of whom are living with dementia. Nursing care is not provided. There were 22 people living at the home at the time of our inspection.

Following our inspection, the provider contacted us to advise us she had made the decision prior to our inspection to close the home imminently. She explained this was partly due to reduced occupancy levels since more people were being looked after in their own homes.

# Summary of findings

It was also costing more to ensure the building met the relevant health and safety standards because of the age and size of the property. We are working with the provider and local authority to ensure the safe transition of people to other homes.

A manager was is post. She had not yet registered with the Care Quality Commission (CQC) in line with legal requirements. 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 and associated regulations about how the service is run.

There were three managers present at the time of our inspection. The home manager, general manager and operations manager. The general manager oversaw the management of both homes which the provider owned. The operations manager organised training and liaised with social workers amongst other duties. During the inspection, the general manager supported the manager with our requests for information.

The provider visited on the second day of our inspection. She told us that her background was not in care. Therefore, she left decisions regarding the running of the home to the general manager. She said, "[Name of general manager] has a free reign on decisions that need to be made. She has incredibly high standards. Her strengths are in elderly care." She told us that she met with the general manager regularly to discuss any issues.

Although staff were knowledgeable about the action they would take if abuse was suspected; we found relevant agencies were not always notified in a timely manner of all safeguarding incidents. We considered improvements were required to ensure people were safeguarded from the risk of abuse.

We had concerns about certain aspects of the environment. A recent fire risk assessment had highlighted a number of issues with fire safety such as the standard of some fire doors. This was confirmed by our observations. In addition, we had concerns with infection control procedures at the home.

We found improvements were required to ensure staff received appropriate training to meet the needs of people who lived there. People received food and drink which met their nutritional needs. We observed people at lunch time and saw that staff provided discreet support to those who required assistance.

CQC 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). They aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The manager was submitting DoLS applications to the local authority to authorise. These procedures were in line with legislation. We found however, further improvements were required to ensure that individualised "decision specific" mental capacity assessments were carried out in line with legislation.

Staff were knowledgeable about people's needs and we saw care was provided with patience and kindness and people's privacy and dignity were respected. We found however, that care documentation did not always reflect the care which was delivered.

A complaints process was in place and people told us they felt able to raise any issues or concerns and action would be taken to resolve these.

Various audits were carried out to check the quality of the service provided. We noted however, these audits did not identify the concerns which we had found with regards to infection control, the premises and documentation.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to the safety and suitability of premises; cleanliness and infection control; assessing and monitoring the quality of service provision and record keeping.

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 not safe.

We had concerns with the environment. A recent fire risk assessment had highlighted a number of issues with fire safety, such as the standard of some fire doors. This was confirmed by our observations. In addition, we had concerns with infection control procedures at the home.

Although staff were knowledgeable about the action they would take if abuse was suspected, we found relevant agencies were not always notified in a timely manner of all safeguarding incidents.

Safe recruitment procedures were followed and medicines were managed safely.

Inadequate



### Is the service effective?

Not all aspects of the service were effective.

We found improvements were required to ensure staff received appropriate training to meet the needs of people who lived there.

The manager was submitting DoLS applications to the local authority to authorise. These procedures were in line with legislation. However, we found further improvements were required to ensure that individualised “decision specific” mental capacity assessments were carried out in line with legislation.

People received food and drink which met their nutritional needs and they could access appropriate health, social and medical support as soon as it was needed.

Requires Improvement



### Is the service caring?

The service was caring.

During our inspection, we observed staff were kind and compassionate and treated people with dignity and respect.

Relatives told us they were involved in people's care. Surveys were carried out and meetings were held for relatives and friends.

Good



### Is the service responsive?

Not all aspects of the service were responsive.

Although staff were knowledgeable about people's needs, we found care documentation did not always reflect the care which was delivered.

One relative told us they felt that activities provision at the home could be improved. A survey carried out in 2014 also confirmed this.

Requires Improvement



# Summary of findings

A complaints process was in place and people told us they felt able to raise any issues or concerns and action would be taken to resolve these.

## Is the service well-led?

Not all aspects of the service were well led.

A manager had been in post since March 2014. She was not yet registered with CQC in line with legal requirements.

Various audits were carried out to check the quality of the service provided. We noted however, these audits did not identify the concerns which we had found with regards to infection control, the premises and documentation.

**Requires Improvement**



# Kingsbury House

## 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.

The inspection team consisted of an inspector 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 service.

The inspection was carried out over three days. We visited the service unannounced on 19 November 2014 with an expert by experience and announced on the 20 and 21 November 2014.

We spoke with the provider; general manager; operations manager; manager; four care workers; the cook; the housekeeper and the maintenance man.

Most of the people who lived at the home were unable to communicate verbally because of the nature of their

condition. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with three relatives to find out their views.

In addition, we consulted with a district nurse who was visiting the home on the first day of our inspection. We also conferred with a GP and pharmacist by phone. We contacted by phone, a local authority contracts officer and a local authority safeguarding officer.

We checked four people's care plans and looked at 20 medicines administration records. We looked at five staff recruitment and training files. We also examined various records relating to the management of the service such as minutes of meetings, surveys and audits.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We did not request a provider information return (PIR) before we undertook the inspection, due to the late scheduling of the inspection. A PIR 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.

# Is the service safe?

## Our findings

Relatives told us they considered their family members were safe at the home. One said, "It's safe, it's infinitely better than where she had been." Another said, "I think she's safe here."

There were safeguarding policies and procedures in place. Staff were knowledgeable about the actions they would take if abuse was suspected. We found however, that we had not been notified of one safeguarding incident in January 2014 which involved an altercation between two people who lived at the service and resulted in one person attending hospital to be checked over. This incident had not been reported to the local authority safeguarding adults' team. We referred this incident ourselves to the local authority safeguarding adults' team and spoke with a safeguarding adults' officer who confirmed that she would have expected to have been notified of this incident. We spoke with the general manager about this issue. She informed us that she too had been unaware of the incident which had been dealt with by a previous manager who no longer worked at the home.

The general manager told us "low level" safeguarding incidents were documented on a log and sent to the local authority every three months for monitoring purposes. The general manager told us and records confirmed, this procedure had not been followed from 27 January 2014 to 12 September 2014. We read a message to the local authority from the general manager which stated, "We had a change of manager in the home. Unfortunately she was not told that she was expected to complete these logs every three months when she took over the post." This issue is discussed further in the well led section of the report.

We considered improvements were required to make sure the correct agencies were notified in a timely manner and ensure that people were safeguarded from the risk of abuse.

We checked infection control procedures at the home. We looked in people's bedrooms and saw some people used commodes. We noticed most of the commodes did not have lids and two contained urine. This was an infection control risk and did not promote people's dignity. In addition, some of the commode frames had tape around

damaged areas. This tape was stained. We spoke with the general manager about our observations. She told us the commodes should have lids. However, these could not be located on the days of our inspection.

We asked staff how they cleaned continence equipment such as commode pots. They informed us equipment was washed in the hand washing sink in an unused bathroom, using liquid hand soap and paper towels. They informed us that domestic staff then cleaned the equipment with disinfectant spray. We considered the manual cleaning of commode pots was an infection control risk because bacteria could be transferred during the cleaning process.

There was an odour of stale urine in several bedrooms and along one of the corridors. We noticed some clinical waste bins were not pedal operated. This meant staff had to touch the lid to open the bin top.

We checked communal toilets and bathrooms. We noticed one bathroom on the first floor was used as a laundry storage area since the bath was not operational. We saw this room was full of unwanted materials and equipment such as hoist slings and bedding. Some of the sheets were stained. There was a rusty bath hoist and paint was peeling off the walls. In addition, the flooring was dirty and stained. Although staff told us this bathroom was not used for personal care, it was used for the storage of clean bedding and towels. We considered this was an infection control risk.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Following the inspection, we passed our concerns to the local NHS trust's infection control practitioner.

We conferred with the general manager. She said because of the imminent closure of the home they would not be purchasing any further commodes, pedal operated bins or washer disinfectors for the cleaning of continence equipment. She told us however, that staff were following infection control procedures and managing with the current resources they had.

Relatives and the visitor with whom we spoke did not raise any concerns about the environment. We read the results from the 2014 survey which had been carried out. One relative had stated, "Although refurbishment is required, this does not distract from the excellent care by staff."

## Is the service safe?

Another had commented, “The premises are more homely...The building itself has some character unlike modern custom built care homes which are bland by comparison.”

We spent time looking around the premises and noticed not all areas of the home were well maintained or suitable. Staff told us and our own observations confirmed that there was one bath and shower room in use on the second floor. There were no operational bathing or showering facilities on the ground or first floor. This meant people had to go to the second floor to have a bath or shower. We checked the bathroom on the second floor. We saw the handle grip on the bath hoist was damaged and had a sharp edge and one of the plastic arm rests was missing. We spoke with the general manager about our observations. She told us they had purchased a bath and it just needed to be plumbed in.

We spoke with the general manager following our inspection. She told us that due to the imminent closure of the home, the new bath would not be plumbed in.

We discovered some of the fire doors required attention to ensure they met fire safety standards. A fire risk assessment which was carried out in October 2014 also highlighted this problem together with further fire safety recommendations.

Following our inspection, the provider organised a different fire safety company to carry out another fire risk assessment to double check the October 2014 findings. The provider forwarded us a copy of the second risk assessment which was dated 5 December 2014. This stated that improvements were required for the fire doors; automatic fire detection; fire compartmentation; fire extinguishers; portable appliance testing and fire training for staff.

This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We contacted the local fire safety service to inform them of our concerns. They are working with the home to ensure the relevant fire safety regulations are met.

We checked staffing levels at the home. There was one senior care worker on duty and three care workers. The manager worked Monday to Friday. She told us, “I’m always around to help.” There was one housekeeper on duty on

the days of our inspection. The manager told us there were normally two. In addition, there were kitchen staff and a maintenance person. At night there was one senior care worker and one care worker to look after 22 people.

We discussed night time staffing levels with the general manager. She told us staffing levels were adequate since there were only 22 people living at the home. We asked about fire evacuation procedures overnight since people were accommodated over three floors and there were only two staff on duty. The general manager told us they did not evacuate people fully from the building but evacuated people to a place of safety behind fire doors. We were concerned however, that some fire doors and compartment walls might not provide adequate fire resistance.

Following our inspection, the provider increased the number of care workers on night shift to three to help ensure there were adequate staff on duty to deal with any emergencies.

Staff told us relevant checks were carried out before they started work. One member of staff said, “I had to wait about a month before I started before all my checks came through.” These included Disclosure and Barring Service checks (DBS). In addition, two written references were obtained. These checks were carried out to help make sure prospective staff were suitable to work with vulnerable people.

We looked at medicines management. We examined 20 people’s medicines administration records. We saw these were generally completed correctly.

We checked the management of controlled medicines at the home. Controlled medicines are medicines that can be misused. Stricter legal controls apply to these medicines to prevent them being obtained illegally or causing harm. We observed the controlled medicines cupboard was very small and medicines were crammed in. The manager told us the size of the controlled medicines cupboard had already been identified and a larger cupboard was going to be purchased.

We noted that room and fridge temperatures were taken. However, the medicines trolley was stored securely in an area next to the dining room throughout the day. This area was very warm and temperatures were not monitored here. We spoke with the manager about this and she told us she would address this immediately.

## Is the service safe?

We spoke with the pharmacist who supplied medicines to the home. She told us that as well as supplying medicines, she carried out staff competency assessments to ensure

staff were following the correct procedures and administering medicines safely and correctly. She said she had no concerns about medicines management at the home.

# Is the service effective?

## Our findings

Relatives and health and social care professionals told us they considered staff were knowledgeable and knew what they were doing. One relative told us, “The staff seem competent. I’ve seen them use that lifting thing [hoist] to move people and they do it correctly.” The GP told us, “The staff are sensible and have a good knowledge of the patients and I always find the staff helpful and appropriate.”

Staff informed us that training was available. One member of staff said, “I feel there is enough training, although you can never have enough, training is a priority.” Two staff informed us they would like to undertake training in looking after people who had behaviour which challenged the service. One care worker told us, “I think this would be really good, because we have a few residents in who have challenging behaviour.” The operations manager provided us with information about staff training. We noted 19 of the staff had not yet completed challenging behaviour training. We spoke with the operations manager about this issue. She told us this training was not mandatory and many of the principles were covered in the dementia care training. She explained she was going to contact the challenging behaviour team to deliver this training. We also noted non-abusive psychological and physical intervention (NAPPI) training had not been carried out and 22 staff had not completed falls awareness training. The operations manager told us that she had identified that this training would be beneficial for staff and was in the process of organising this for staff.

We considered improvements were required to ensure all staff were appropriately trained. We spoke with the general manager following our visit. She told us the operations manager had booked staff onto further training following our inspection. However, this training had been cancelled when the provider had announced the imminent closure of the home.

We checked how the provider was meeting the principles outlined in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC monitors the operation of the DoLS which apply to care homes. DoLS are part of the MCA. They aim to make sure people are looked after in a way that does not inappropriately restrict their

freedom. The manager was submitting DoLS applications to the local authority to authorise. The local authority had authorised four DoLS applications for people living at the service.

The MCA is designed to empower and protect people who may not be able to make some decisions for themselves which could be due to living with dementia, a learning disability or a mental health condition. The Alzheimer’s Society state, “People should be assessed on whether they have the ability to make a particular decision at a particular time.”

We saw mental capacity assessments had been completed for all people whose records we looked at. The assessments were identical and listed the same four areas of care; keeping the door locked; managing medicines; managing finances and constant supervision. We considered these assessments were not individual to each person and therefore not in line with the MCA principles.

The manager told us that most people had appointed a lasting power of attorney (LPA). LPA is a legal tool which allows people to appoint someone (known as an attorney) to make decisions on their behalf if they reach a point where they are no longer able to make specific decisions. There are two types of LPA; property and financial affairs and health and welfare. We asked to see copies of these legal documents. The manager explained copies were not available for most people. This meant evidence was not available to confirm whether an attorney had been appointed or what type of LPA was held to ensure the correct attorney was involved in the correct decisions.

We considered improvements were needed in this area to ensure staff followed the principles of the MCA.

We spoke with the general manager following our inspection about the MCA. She informed us that she would speak with the local authority safeguarding adults’ team and training department for further advice.

Relatives did not raise any concerns about meals at the home. One relative said, “Her diet was totally out of the window before she came here. She’s so much better here because they provide all her meals for her.”

We spent time with people over the lunch time period. We saw people were supported to eat their meals and one to one assistance was provided where required. We spoke

## Is the service effective?

with the cook who was knowledgeable about people's dietary needs. We looked around the kitchen and noticed it was well stocked and cream, milk and cheese were available to fortify meals.

Records showed and our own observations confirmed that people had regular access to healthcare professionals such

as GPs; district nurses; podiatrists; opticians and dentists and had attended regular appointments about their health needs. On the days of our inspection, two district nurses visited and a GP contacted the home.

# Is the service caring?

## Our findings

One relative told us, “It’s marvellous here, especially as she is coming to the end of her life. It’s so lovely and caring. The staff have always been lovely.” Another said, “It’s very caring here. She’s well looked after.”

We spoke with the district nurse who visited the home frequently. She told us, “This is definitely one of the nicest places I visit. I cannot fault the care” and “If I have to come somewhere when I get older, it would be here.”

Staff were knowledgeable about people and could describe their needs, likes and dislikes to us. One staff member said, “I love talking to them and finding out about their stories. [Name of person] used to be a seamstress and used to make clothes for rich people.” Another said, “We know their behaviours, we know if they’re happy or sad.”

We carried out SOFI whilst sitting in the lounge. We saw staff treated people with kindness and patience. We observed positive one to one interactions. One care worker sat down beside a person and gave her a hug. Staff responded well to the questions they were asked by people, regardless of the context. One person used doll therapy and got concerned that “her baby” had not been

fed. Staff reassured her and said that they had already fed “her baby,” which gave the person comfort and she settled, cuddling the doll. One care worker said, “I know that some people might think it’s demeaning, but it’s been shown to give people a lot of comfort. [Name of person] really enjoys looking after and caring for the doll.”

Relatives told us that staff respected people’s privacy and dignity. One said, “The staff are gracious and respectful.” We also observed that staff respected people’s privacy and dignity. They knocked on people’s bedroom doors before they entered and also spoke kindly to individuals and informed them what they were doing. One care worker told us, “It’s their home; you treat them as you would your own grandma and grandpa.”

The general manager told us that three people were currently accessing advocacy services. Advocates can represent the views and wishes of people who are not able to express their own.

Relatives told us they were involved in people’s care and staff asked for their views. One relative said, “I am always involved in what they plan to do.” Meetings were held for people and relatives to discuss what was happening at the home and also to obtain feedback.

# Is the service responsive?

## Our findings

Relatives were positive about how staff responded to people's needs. One told us, "I think they respond very well to all her needs, especially in her current situation." Health and social care professionals also told us they thought staff were responsive to people's needs. The GP said, "They contact us if there are any problems. The requests are appropriate." The district nurse said, "Yes, they are proactive. They contact us if there are any concerns."

The manager explained an activities coordinator was not employed and all staff were responsible for meeting people's social needs. We spoke with one relative who told us she felt that activities provision could be improved. She said, "There's not a lot going on... They just seem to sit there." We noted that the most recent survey carried out in 2014 had highlighted concerns with the provision of activities. One relative had written, "Mum does not seem to be involved with any activities these days." The general manager had written, "Clearly there is a lot of poor comments about the activity programme, this must improve immediately."

During our SOFI, we spent time observing people and staff practices in the large lounge area. We noticed staff interacted well with people. We saw however, there were long periods of time when people were asleep or unoccupied. Although the television was on, people seemed disinterested. On some occasions, staff sat next to each other completing their paper work and talking amongst themselves. We considered further improvements were required to ensure people's social needs were met.

We spoke with the general manager following our inspection who told us, "Activities have definitely improved." She explained however, that further improvements were needed. She said, "Staff have time to do activities, they shouldn't be sitting talking to each other. I have trained them myself in activities so they know what to do."

We checked four people's care records. Staff told us people could have a bath or shower when they wished. This was confirmed by people with whom we spoke. We saw however, that personal hygiene charts were not fully completed. There were many gaps in the provision of care such as baths, showers, hair care and dental care. We also checked fluid charts. We noticed these were also incomplete. We spoke with the manager and general manager about these omissions. They told us this would be addressed with staff immediately.

We saw care plans were not rewritten when changes in people's condition had occurred. The general manager stated that any changes were recorded at the end of the care plan. We saw this information was not always clear. We read one typed care plan which stated the person was independent with walking. However, we read a handwritten entry at the bottom of this care plan which stated two staff were now required to support the person since they could no longer mobilise independently.

We saw some care plans contained out of date risk assessments. The general manager showed us the file where new updated risk assessments were kept. She stated that the old assessments should have been removed from people's current records.

This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Following our inspection we spoke with the general manager who told us, "We have totally changed the way we do it [write care plans]. I can see the sense in what you were saying."

There was a complaints procedure in place which informed people how their complaint would be dealt with and the timescales involved. Information about how to complain was also included in the service user guide. People and relatives told us they had no complaints or concerns but felt able to raise any if they had.

# Is the service well-led?

## Our findings

There had been three managers at the home since January 2014, only one of these had been registered with CQC in line with legislation. The last registered manager had left the service in January 2014 to become a manager in the provider's other home.

A manager was in post at the time of the inspection. She had previously been the deputy manager and had become manager in March 2014. She had not yet registered with CQC. We spoke with the general manager about this issue. She told us, "[Name of manager] is still learning and is doing extremely well. I didn't feel it was fair to put her through an interview process at this point."

Due to the home closing imminently, we have decided not to take enforcement action regarding the manager not being registered with CQC in line with legal requirements.

The general manager told us and the manager confirmed that she was frequently at the home to support the manager. The general manager said, "Because there's a lot of paperwork, I come here a minimum of three days a week. At least I know that I'm going to have a quality manager." The manager told us, "The way that she's training me is great, she wants everything right."

Health and social care professionals informed us they thought the service was well led. The GP told us, "It seems to be a very organised care home." The district nurse said, "It's fabulous. I think it's well led. It's well organised, I cannot fault the home."

Surveys were carried out to obtain the views of people who lived at the home and their relatives. We looked at the results from the 2014 survey. People and relatives had been positive about the meals. We read one comment which stated, "Think food arrangements are all very good."

We saw that a newsletter was produced. We read the October 2014 edition which contained articles about the manager, "the life of a resident," forthcoming events, "jokes and giggles" and feedback from people and relatives. Comments in this section included, "It's home from home. I like everyone here and the boss [name of staff member]," and "Clean, good place. This is my home."

Various audits were carried out to check the quality of the service provided. We noted however, these audits did not identify the concerns which we had found with infection control, the premises and care plan documentation.

We read a fire safety audit which was undertaken by the local fire safety service in 2013. A number of requirements and recommendations had been made. There was no action plan in place to evidence the work which had been completed to ensure the service met with the standards set out in the Regulatory Reform (Fire Safety) Order 2005.

We noted safeguarding incidents had not been sent to the local authority every three months for monitoring purposes. In addition, we had not been notified of a safeguarding incident. Notifications are changes, events or incidents the provider is legally obliged to send us within the required timescale. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns. We spoke with the manager and general manager about this issue. The general manager informed us she had been unaware they needed to notify CQC of all safeguarding incidents such as altercations between people which were not taken up by the safeguarding adults' team. She told us they would now notify us of all safeguarding incidents.

This issue is being dealt with outside of this inspection process.

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

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people and others. Regulation 10 (1)(a)(b)(2)(iii).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>People were not fully protected from the risk of infection because appropriate guidance had not always been followed. People were not always cared for in a clean environment. Regulation 12 (1)(a)(b)(c)(2)(a)(c)(i)(ii).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>The provider had not always taken steps to provide care in an environment that was suitably designed and adequately maintained. Regulation 15 (1)(c).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>People were not fully protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained. Regulation 20 (1)(a)(b)(i)(ii).</p>