

Adiemus Care Limited

Stambridge Meadows

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Requires improvement



Is the service effective?

Inadequate



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

Stambridge Meadows provides accommodation and personal care for up to 49 older people. Some people have dementia related needs.

The inspection was completed on 26 February 2015 and 2 March 2015 and there were 42 people living at the service when we inspected.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

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

The last inspection on 4 August 2014 found that the provider was not meeting the requirements of the law in relation to the suitability of the premises. An action plan was provided to us by the provider on 23 September

Summary of findings

2014. This told us of the steps to be taken and the dates the provider said they would meet the relevant legal requirements. During this inspection we looked to see if these improvements had been made.

The environment was not suitably and adequately maintained for people living there. The provider had not made the required improvements as previously stated and these remained outstanding.

Staffing levels and the deployment of staff to meet the needs of people who used the service were not appropriate to meet people's needs, in particular, people living with dementia.

Although staff told us that they received regular training opportunities, not all staff were able to demonstrate an understanding of how to support people living with dementia and how this affected people in their day-to-day lives. The induction programme for newly employed members of staff was not effective.

Comments about the quality of the meals provided and the dining experience for people within the service was negative, particularly for people living with dementia.

The service was not well led. Systems in place to monitor, identify and manage the safety and quality of the service were not effective.

Suitable arrangements were in place to ensure that staff were supervised and received an annual appraisal. Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs.

Suitable arrangements were in place to respond appropriately where an allegation of abuse had been made. Staff had attended training on safeguarding people and were knowledgeable about identifying abuse and how to report it. There was an effective system in place to deal with people's comments and complaints.

Staff approach to people overall was kind and caring and people's personal dignity and privacy was respected. People and their relatives told us the service was a safe place to live and we found that risks to people's health and wellbeing were assessed. People's healthcare needs were well managed and we found that the service engaged proactively with health and social care professionals.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests.

You can see what actions we told the provider to take at the back of the full version of the 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 consistently safe.

Appropriate steps had not been taken to ensure that there were sufficient numbers of staff available to support people living at the service.

Improvements were required to ensure that safe recruitment practices were being followed.

Staff knew how to recognise and report abuse to safeguard people. The management of medicines ensured people's safety and wellbeing.

Requires improvement



Is the service effective?

The service was not effective.

Appropriate steps had not been taken to ensure that the environment was suitably and adequately maintained.

Improvements were required to ensure that staff's training was effective and good practice was shown through their everyday practices with people who used the service.

The dining experience for people across the service was variable.

Where people lacked capacity, records showed that decisions had been made in their best interests.

People were supported to access appropriate services for their on-going healthcare needs.

Inadequate



Is the service caring?

The service was not consistently caring. Not all care and support provided was person centred.

People were not involved in the planning and reviewing of their care.

People were generally treated with dignity and respect.

Requires improvement



Is the service responsive?

The service was not consistently responsive.

The care needs of people who could be anxious or distressed were not sufficiently detailed so as to ensure that the delivery of care met the needs of the people they supported.

People were not always engaged in meaningful activities and supported to pursue pastimes that interest them, particularly for people living with dementia.

Requires improvement



Summary of findings

Appropriate systems were in place to ensure that concerns and complaints were well managed.

Is the service well-led?

The service was not well led. People's views had not been listened to and used to improve the quality of the service.

The provider did not have effective systems in place to support continual improvements.

Inadequate



Stambridge Meadows

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 26 February 2015 and 2 March 2015 and was unannounced.

The inspection team consisted of one inspector, a bank inspector and an expert by experience. The expert by experience had personal experience of supporting older people and people living with dementia.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 15 people who used the service, three relatives, 12 care staff, the manager, the deputy manager and the person responsible for providing activities to people who used the service. We spoke with one healthcare professional to obtain their views about the quality of the service provided.

We reviewed six people's care plans and care records. We looked at the service's staff support records for five members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

People's comments about staffing levels were variable. One person told us they no longer used the call alarm facility to summon staff assistance as staff took too long to respond. The person told us, "I just shout when I need help." Another person told us that the staff worked very hard but were pushed at times.

Staff told us that staffing levels were sufficient for them to be able to meet people's needs as long as the shifts were fully covered. Comments included, "I think there are enough staff here at the moment" and, "Some shifts are very busy but we always meet people's needs." However, our observations on both days of the inspection showed that staff did not always have enough time to spend with people to meet their needs, particularly people living with dementia on the first floor. The care and support provided was routine and task orientated and this was evident from our observations. The deployment of staff was not suitable to meet people's needs, for example, we noted on the second day of inspection that one small lounge was left unsupported by staff for approximately 50 minutes, during a 60 minute period of observation. During the 60 minute period one person became restless and started to walk around the lounge and invaded other people's personal space by going up close to them and in some cases touching them or disturbing them. There was no staff presence during this time and there was no call alarm visible or accessible for people to summon staff assistance. Some people were distressed by this and the lack of staff presence meant people's needs were not being monitored.

The manager was unable to confirm how staffing levels at the service were calculated so as to determine the number of staff required. We discussed this with the manager and they confirmed that a dependency tool was not routinely completed. This meant there was no systematic approach to determine the number of staff required, to review the service's staffing levels and to ensure that the deployment of staff met people's changing needs and circumstances. Staff rosters showed that staffing levels as told to us by the manager had not always been maintained.

We found that the registered person had not protected against the risk of insufficient numbers of appropriate staff to meet people's needs. This was in breach of Regulation 22

of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that the recruitment process had been thorough. Staff recruitment records showed that staff employed had had the appropriate checks to ensure that they were suitable to work with vulnerable people. However, the recruitment records showed that they did not have written authorisation for one staff member to remain in the United Kingdom. In addition, they were working beyond their permitted hours each week as agreed by the Home Office. This was brought to the manager's attention at the time of our inspection and they provided an assurance that this would be addressed as a priority. No profiles for agency staff deployed at the service were available to confirm that all appropriate recruitment checks, training and qualifications achieved had been verified by the external agency. This meant that the manager could not be assured as to the agency staff member's skills and competencies achieved so as to enable them to work safely with the people they supported.

People told us that they felt safe and secure. One person told us, "The carers are nice and I feel safe in the home." Another person told us, "I feel safe. The staff are attentive."

People were protected from avoidable harm. Staff had received safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns where necessary. One staff member told us, "If I had any safeguarding concerns I would tell the senior on duty or the manager straight away." Staff also demonstrated their understanding and knowledge of the provider's whistleblowing procedures. One staff member told us, "I know about whistleblowing and if I had any concerns I would contact senior managers in the organisation or the Care Quality Commission." Staff told us that they would have no hesitation to challenge their colleagues if they observed poor practice. The manager was able to demonstrate that, where safeguarding concerns were highlighted, they had responded appropriately by following local safeguarding procedures.

Is the service safe?

Where risks were identified to people's health and wellbeing such as the risk of developing pressure ulcers, nutrition, manual handling and falls, risk assessments were in place to guide staff on the measures in place to reduce and monitor those risks during delivery of people's care.

The arrangements for the management of medicines were safe. People told us that they received their medication as they should. One person told us, "I always get my medication when I should." We observed medicines being given to people and saw that this was done with due regard to people's dignity and personal choice. Medicines were stored safely for the protection of people who used the

service. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for 10 of the 42 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

We found that the arrangements for the administration of covert medication for two people was in accordance with the Mental Capacity Act (MCA) 2005. 'Covert' refers to where medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in drink.

Is the service effective?

Our findings

At our last inspection to the service in August 2014, the provider had not taken steps to provide an environment that was suitably and adequately maintained for the people living there. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. The provider told us that a detailed review of the service would be undertaken and they would be compliant by 12 October 2014. At this inspection we found that the provider had not made the required improvements as stated and there was no evidence to show that a review had been completed.

Many of the areas previously highlighted for refurbishment and re-decoration had not been addressed. For example, several carpets and some walls in communal areas remained dirty and stained. The wall behind the washing machines in the laundry still had two holes in the wall that required repair. The small patio adjacent to the laundry building had uneven paving slabs that could pose a trip hazard to people who used the service and therefore was not suitable for them to use as an outdoor facility.

Little thought had been put in place by the provider to maximise the suitability of the premises for the benefit of people living with dementia on the first floor. Walls were painted a similar colour with little contrast and lighting was poor. There was limited signage available to help people to orientate themselves within the first floor and there was a lack of sensory stimuli, for example, orientation boards and information for people in an easy to understand format. In addition, there were few memory boxes and objects of reference to help aid reminiscence or provide a stimulating environment.

We found that the registered provider had not provided an environment that was suitable to meet people's needs. This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15(1)(c) and (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and

responsibilities and to meet people's needs our observations of care provided did not show that staff knew how to apply their training and provide safe and effective care to people.

Several people were living with dementia, some in the early stages of the condition whilst others were living with more advanced dementia. Although staff told us they had received training relating to dementia, we found examples of poor staff practice which indicated a lack of learning from training provided to staff. Some staff did not demonstrate an understanding of how to support people living with dementia and how this affected people in their daily lives, for example some staff did not communicate effectively with individual people or provide positive interactions. Staff were dismissive in some cases and did not always wait to hear what people had to say. This showed that staff were not sufficiently skilled or confident in engaging with people who had dementia associated needs.

We observed two members of staff assisting a person to move in a way that was unsafe and put them at risk of harm. Staff were observed to transfer the person from their wheelchair to a chair by placing their arms under the person's armpits and pulling the person up. The person was observed to look uncomfortable when being moved. We spoke with the staff concerned. One staff member had not received updated practical manual handling training since 2013 and although the other member of staff had received training, they clearly had not put their learning and understanding of manual handling procedures into practice.

The provider did not have an effective induction programme in place. Staff told us they had only received an induction relating to the orientation of the premises. There was no evidence to show that staff's induction training had followed the recommended, 'Skills for Care Common Induction Standards,' the Care Certificate or an equivalent. The Care Certificate was introduced in March 2015 and replaced the Skills for Care Common Induction Standards. These are industry best practice standards to support staff working in adult social care to gain good basic care skills and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support over several weeks. We found that one newly employed member of staff had commenced employment without having received an 'orientation' induction or

Is the service effective?

induction as detailed above to the service. We discussed this with the manager and they confirmed this as accurate. This meant that people were at potential risk of receiving poor care and support as a result of an ineffective staff induction programme being in place. There was no evidence to show that agency staff deployed to the service had received an orientation to the service or the people they were expected to support. We spoke with one agency member of staff and they confirmed that they had not received any guidance or support on how they should care for people or their care needs.

We found that the registered provider had not protected people against the risk of receiving inappropriate training or an induction. This was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they had received regular supervision and an annual appraisal where appropriate. One member of staff told us, “I get regular one-to-one meetings with my line manager and these are good for discussing things about my work. I love working here and I feel really supported.”

Comments about the quality of the meals provided were not positive. One person told us, “The standard of food has dropped recently.” Another person told us, “The food is awful. It’s not the cooking but the standard of the food provided. They [provider] buy the cheapest food. I don’t blame the chef.”

Our observations showed that the dining experience for people living on the ground floor was positive. People received their meal in a timely manner and the meals provided were sufficient in quantity and looked appetising. However, this was in contrast to our observations of the dining experience for people living with dementia. People were not always given a choice of drinks during designated times and/or with the lunchtime meal. Staff failed to provide information or explanation to people about the meals provided and support and encouragement to eat or drink was not always provided, for example, one person was noted to have difficulty eating their meal with the cutlery provided. The person was struggling to eat using a knife and fork. We had to intervene and ask a member of staff to provide a spoon and to remove other items of cutlery so that the person could eat their meal. Another

person was eating their food with a knife. The person asked the member of staff for assistance and was told that this would be provided. The person received no support from staff as the staff member proceeded to assist someone else. The person’s needs had not been met and did not protect their health and wellbeing.

The nutritional needs of people were identified and where people who used the service were considered to be at nutritional risk, we found that an appropriate referral to a healthcare professional such as GP, Speech and Language Therapist and/or dietician had been made. However, where instructions recorded that people should be weighed at regular intervals, for example, weekly or monthly, there was little evidence to show that this had happened or been followed which meant that staff could not be sure that people were maintaining their weight or were not losing weight that needed to be reviewed and addressed for their health and wellbeing.

We found that the registered provider had not protected people against the risks of receiving inadequate nutrition and hydration. This was in breach of Regulation 14(1)(a) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 14(1), 14(2)(b) and 14(4)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knew how to support people in making decisions and how people’s ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people’s rights and ensure people received the care and support they needed. Not all staff had received training in Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), however staff spoken with had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. We saw assessments of people’s capacity in care records. Staff knew to check that people were consenting to their care needs during all interactions.

Relatives told us that staff contacted them if they were concerned about their family member and if there had been any changes in their healthcare needs. One relative told us, “Staff are good at keeping me updated if they have any concerns about my relative. They [staff] ring me if they think my relative is unwell.” People had access to

Is the service effective?

healthcare professionals as required. Healthcare professionals told us that staff were proactive in following their advice and guidance so as to ensure that people's care and/or treatment was effective.

Is the service caring?

Our findings

People told us that staff were kind and caring. One relative told us, “The staff are very kind and I’m quite happy with the care my relative receives. The staff are lovely and they understand my relative’s needs.”

On the ground floor people were positive about the care and support provided. The atmosphere within the service was seen to be relaxed and calm. Staff demonstrated affection, warmth and compassion for the people they supported and it was evident from our discussions with staff that they knew the care needs of the people they supported and the things that were important to them in their lives. There were good signs of wellbeing and we observed that people were engaged with others and visitors. All of the interventions observed between staff and people living at the service were delivered in a kind and compassionate way, for example, prior to any intervention, staff approached people advising them of what was about to occur and seeking their consent and participation. Staff communicated well with people kneeling down beside the people to talk to them or sitting down next to them.

This was in contrast to what we observed on the unit caring for people living with dementia on the first floor. Not all staff were able to tell us about the care needs of the people they supported. The responses of staff often related to tasks carried out and not all staff were able to tell us about people’s personal life history or preferences. We observed that staff were constantly busy carrying out tasks and spent little time with people, either in the communal lounge or

with people who spent a lot of time in their bedroom. This meant that people were left with little or no support, they were at risk of social isolation and their health and safety was potentially placed at risk.

On the first floor staff communicated little with the people they supported, for example, at lunchtime when each person had finished their meal, both members of staff took the plates and placed these on the trolley. Staff left without any verbal or visual communication with those that they had supported. No-one was asked if they had enjoyed their meal or if they would like any more. In addition, people’s plates were removed without asking people if they had finished their meal. This did not show respect for people and staff treated people in an undignified way.

Although our observations showed that some people were not always treated in a dignified way, most people told us that staff respected their privacy and dignity. We saw that staff knocked on people’s doors before entering, staff were observed to use the term of address favoured by the individual and no inappropriate terms of endearment were noted. People were supported to maintain contact with family and friends and relatives told us that they were always welcomed and that there were no restrictions on visiting times.

People were not always actively involved in the planning of their own care and support. Relatives told us that they had not been asked to be involved in the planning of their relative’s care other than at the initial pre-assessment stage. Two out of three people told us that they had not seen their care plan or remembered having seen it.

Is the service responsive?

Our findings

Staff told us that there were some people who could become anxious and distressed. The care plans did not provide sufficient information detailing people's reasons for becoming anxious and the steps staff should take to reassure them. Staff we spoke with had a basic understanding and awareness of how to support people during these times.

People told us that the person responsible for activities was very good. The person responsible for activities was noted to undertake a variety of activities with several people so that everyone was engaged in doing something. Some people were involved in art and craft activities, some looked at books and some people enjoyed a game of dominoes. Despite this positive interaction this experience was not consistent for people across the service, particularly for people living with dementia. People who were able to spend time in communal areas or to enjoy activities in the activities room had more social interaction with staff than those who spent the majority of their time being cared for in their bedrooms. Our observations showed that people who spent their time in their bedrooms had little stimulation, only that from staff performing a care task or when their relatives visited. The care plans relating to people's individual hobbies or interests did not evidence how these were to be enabled or supported. Although a record of activities undertaken was maintained, this showed that some people participated in a lot of activities whilst others received little stimulation.

The majority of people's care plan included information relating to their specific care needs and how they were to be supported by staff. Care plans were regularly reviewed. Where a person's needs had changed the care plan had been updated to reflect the new information. For example,

the care plan for one person showed that concerns had been raised about the person's poor dietary needs. There was evidence to show that where advice and guidance had been provided by the Speech and Language Team (SALT), this had been incorporated into the person's care records and staff were following this. For example, ensuring that the person was prescribed additional meal supplements and fluids thickened to ensure the person's risk of choking were reduced. Although this was positive we found that the care plan for one person had not been completed several days after their admission to the service. This meant that staff did not have clear guidance on how to support the person and meet their needs safely and in the way the person preferred.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. One relative told us that they were able to visit their relative whenever they wanted.

The provider had a complaints policy in place and had procedures in place that ensured people's concerns were listened to. People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People told us that they felt able to talk freely to staff about any concerns or complaints. One relative told us, "I know I can complain but I've never needed to make a complaint." Another person told us, "When I have spoken to staff about any issues, they have dealt with it, or if they were not sure of how to help they have found someone who could." Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns. Records showed that there had been two complaints since our last inspection in August 2014. A record was maintained of each complaint and included the details of the investigation and action taken.

Is the service well-led?

Our findings

The manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the management team monitored the quality of the service through the completion of a number of audits. This also included an internal review by the organisation's internal quality assurance team at regular intervals.

Although the above was in place, there was a lack of managerial oversight of the service as a whole and the manager was unable to provide an assurance or demonstrate how they identified where improvements were needed across the service. It was apparent from our inspection that the absence of robust quality monitoring was a contributory factor to the failure of the provider to recognise breaches or any risk of breaches with regulatory requirements sooner.

Systems for improving the service through auditing and monitoring were not as effective as they should be and it was unclear in some areas as to what actions had been taken. For example, a report by the provider's internal quality monitoring team in December 2014, highlighted issues relating to insufficient staffing levels and the impact this had on people who used the service. The report also recorded that concerns relating to the 'home' environment remained outstanding and had not been addressed. There was no information available to demonstrate the actions to be taken to address these or to confirm that these had been completed. This showed that the service did not have clear systems in place to assess, monitor and manage the service to a good standard. Monitoring systems were not established to ensure people received safe and effective care that met their needs. The manager was unable to show that the above issues had been discussed as part of their supervision or their induction as the induction record provided was blank and their first supervision was not conducted until they had been in post for six months.

The manager was supported by a deputy manager and senior members of staff. It was clear from our discussions with the manager and deputy manager and from our observations that they had an understanding about their roles and responsibilities. Staff told us that the overall culture across the service was open and inclusive. In general staff felt that communication was good and that they felt valued by the manager but not by the provider. However, some staff felt that their views did not matter and they were not always empowered to express their views despite staff meetings being held at regular intervals. Concerns were raised by several members of staff about the performance of younger members of staff, the bad feeling this created and the lack of support from the manager and provider to deal with this effectively. We discussed this with the manager and they confirmed that they were aware of the issues being raised however; there was no action plan in place as to the actions to be taken to resolve this. Staff also told us that they had raised concerns about the dementia unit on the first floor but nothing had been done. One person told us, "I feel sorry for the folks on the first floor, they have bad conditions to live in. They can't even go outside because it is not safe for them." This showed that the service was not effectively managed and organised.

We found that the registered provider had not protected people against the risks of inappropriate or unsafe care as the arrangements to assess and monitor the quality of the service provided was ineffective. This was in breach of Regulation 10(1)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(1)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager confirmed that the views of people who used the service and those acting on their behalf were sought each month through a specific topic. All of the comments received were noted to be positive and raised no issues for further corrective action.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs</p> <p>We found that the registered provider had not protected people against the risks of receiving inadequate nutrition and hydration. This was in breach of Regulation 14(1)(a) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 14(1), 14(2)(b) and 14(4)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>We found that the registered provider had not provided an environment that was suitable to meet people's needs. This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15(1)(c) and (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered provider had not protected people against the risks of inappropriate or unsafe care as the arrangements to assess and monitor the quality of the service provided was ineffective. This was in breach of Regulation 10(1)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(1)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

We found that the registered person had not protected against the risk of insufficient numbers of appropriate staff to meet people's needs. This was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

We found that the registered provider had not protected people against the risk of receiving inappropriate training or an induction. This was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.