A Carnachan

Ashford Lodge Nursing Home

Inspection report

1Gregory Street
Ilkeston
Derbyshire
DE7 8AE
Tel: 0115 930 7650
Website: www.ashfordlodge.com

Date of inspection visit: 20 January 2015
Date of publication: 21/05/2015

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**

Overall summary

The inspection took place on 20 January 2015 and was unannounced.

At our last inspection on 14 November 2013 we found that the provider was breaching three regulations. These related to the management of medicines, meeting people's care and welfare needs and the assessing and monitoring of the service provision. Following that inspection the provider sent us an action plan to tell us the improvements they were going to make. We found that although the provider had taken some actions initially to address our concerns, these had not been fully sustained.

Ashford Lodge Nursing Home provides accommodation and nursing care for up to 20 people with health conditions and physical needs. On the day of our visit there were 17 people living at the home. Accommodation is arranged over two floors and there is a passenger lift to assist people to get to the upper floor.

Summary of findings

The service had a registered manager. 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.

People that used the service and their relatives told us how caring the staff were. We saw staff that responded to people's needs.

There were sufficient staff on duty but the registered manager had little time dedicated to her managerial role. Staff had an understanding of the Mental Capacity Act (MCA) and had carried out MCA assessments. However, the MCA assessments were very general and did not address individual decisions in people's lives as the act required.

People were able to make choices about what they had to eat. People were supported to eat and drink enough and maintain a balanced diet.

People were able to make decisions about their care and treatment. People's privacy and dignity was respected. Activities available for people were limited.

Staff felt well supported in their roles and the manager had a good oversight of the service. Some staff required updates of training to ensure that their skills and knowledge were up to date.

There was not a fully completed assessment of each person's needs. People were at risk of receiving care or treatment that was inappropriate or unsafe. Care plans and risk assessments had not been regularly updated to ensure that they continued to meet people's needs and ensure the welfare and safety of each person.

There were not appropriate measures in place for the recording, using, safe keeping and safe administration of medicines.

Auditing systems did not identify potential risks to people's safety and welfare. The provider had not taken action in response to our previous inspection report.

We found three continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which following the legislative changes of 1st April 2015 correspond to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action 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.

People told us that they felt safe at the service. Relatives told us that the service provided a very safe and caring environment.

Medicines were not being managed appropriately to ensure that people were protected from risks.

There were sufficient staff on duty.

Requires improvement

Is the service effective?
The service was not consistently effective.

Staff felt supported in their roles but some staff required training updates.

Mental Capacity Assessments had been carried out but they were not decision specific. Best interest decisions were not fully documented.

People were supported to eat and drink enough and maintain a balanced diet.

Requires improvement

Is the service caring?
The service was caring.

Staff spoke with people in a kind and caring manner.

People were able to make decisions about their care and treatment.

People's privacy and dignity was respected.

Good

Is the service responsive?
The service was not consistently responsive.

People's care plans and risk assessments were not regularly updated and reviewed.

There were limited activities available for people to participate in.

There was a complaints policy in place. People felt able to raise any concerns. The provider told us they had dealt with complaints but they were not able to show us any evidence of the complaints system being used.

Requires improvement

Is the service well-led?
The service was not consistently well led.

A quality assurance questionnaire about the service was available for people to complete but feedback was not actively sought.

Auditing systems did not identify potential risks to people's safety and welfare.

Staff felt well supported and the manager had a good oversight of the service.

Requires improvement

Ashford Lodge Nursing 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 20 January 2015 and was unannounced.

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

We reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority and the local Clinical Commissioning Group (CCG) who had funding responsibility for some people who were using the service. We also spoke with one health professional who visited the service during our inspection.

We 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 completed a SOFI observation for three people who used the service.

We spoke with seven people that used the service and five people that were visiting relatives. We also spoke with the provider, the registered manager of the service, one nurse, two care workers and a cook. We looked at the care records of five people that used the service and other documentation about how the home was managed. This included policies and procedures, staff records and records associated with quality assurance processes.

Requires improvement

Is the service safe?

Our findings

At our last inspection we identified some concerns about the management of medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found that although the provider had arrangements in place, people were not protected from the risks associated with unsafe use and management of medicines as not all staff were following these. Accurate recording of medicines administered and stock levels were not carried out. We asked the provider to send us an action plan outlining how they would make improvements. At this visit we found that although actions had been taken initially following our previous visit, these had not been sustained.

We observed three people being supported with their medication. We saw that people were supported appropriately and people were happy to take their medication.

There was a separate medication room at the service where medicines were stored. We found that controlled drugs were stored and recorded appropriately. We saw that there was a medication trolley where the other medicines were stored and that this was kept locked. However, we were concerned that the door to the medication room was propped open. Inside the room there was a cupboard containing liquid medicines and the medication fridge that were not locked. Some of these medicines would have been harmful to people who had not been prescribed them and anybody that was in the building was be able to access them. We immediately raised this with the nurse and for the rest of our inspection the door was kept closed.

We found that medication audits were not taking place on a regular basis. The last audit that we saw was from February 2014, almost a year before this inspection. We found that medication from the previous month was not always recorded as a carried forward amount on the following months Medication Administration Record (MAR) sheet. This meant that staff were unable to tell how much medicine they should have in stock and identify if any were missing. Staff were also therefore unable to be sure that people had enough medicine for the rest of the cycle of ordering. There was a risk that they might have insufficient amounts to meet people's needs. However, the provider told us they were able to phone their pharmacy or GP on a daily basis should this situation arise.

The majority of medicines were provided from the pharmacy in a monitored dosage system. The other medicines were kept in individual boxes. We carried out a stock check of six boxed medicines. We found that five of these did not have the amount of medicine in them that they should have. This was a concern as there was not an accurate record of the medication that was at the service. There were medicines that were unaccounted for and a risk that people may have been given too much or not enough medicine. As there was no accurate record this would not have been identified. There was also a risk that anyone who had access to the medication at the service could have been taking it and as there was not an accurate record of the amounts of medicine in the service this was not being identified. People were therefore not protected against the risks of the unsafe management of medicines.

We found that five people at the service were being given their medication covertly, that is disguised in food or drink. For four people there was a signed authorisation from the GP but for the fifth person there was no authorisation from the GP or other recognised authority. There were no details recorded for staff about how the medication should be administered covertly and no consideration had been given to the effectiveness of the medication if its chemical state had been changed as a result of the way it was administered. This meant that there was a risk that people may not be receiving the strength and quantity of medication that had been prescribed.

We found that people had been prescribed medication on an 'as required' (PRN) basis. These medicines included sedatives for use when people required medication to help with their anxieties. We saw that the provider's policy advised that each person on PRN medication would have a PRN protocol in place that explained when the person should be given it. We checked the records for five people that were on PRN medicines and none of them had a PRN protocol in place that described when people should be given their PRN medicine. There was no other guidance for staff on administering PRN medicines. This was confirmed by the nurse on duty. This was a particular concern as agency nursing staff were used and left in charge of a shift. They did not have the detailed knowledge of people's needs that the manager did and may not have recognised when people required their PRN medicines. This meant that there was a risk that some people may not have received their medicine when they needed it and that

Requires improvement

Is the service safe?

others may have received more medicine than was safe for them. For example we observed that one of the PRN medicines was given as part of the routine medicines round.

We discussed all of our concerns relating to the unsafe management of medicines with the registered manager.

We found that the registered manager had not protected people against the risk of the unsafe management of medicines. This was a continued breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe at the service. Relatives told us that the service provided a very safe and caring environment. Staff members had a good understanding of how to protect people from abuse and how to raise any concerns that they may have. We saw that there was a whistleblowing policy on display in the reception area at the service and staff were aware that the policy was in place.

Equipment that was used at the service was serviced in line with current guidance.

We saw that the provider had a Business Continuity Plan in place to follow in case of any emergencies or untoward events. We asked the registered manager to see the Personal Emergency Evacuation Plans. These were not provided during our inspection. However, following our inspection we have been advised by the provider that these are in place.

We found that one person had had seven falls over a three week period. The service had referred them to the falls service but they had not taken any other action. They had not reported it to the person's funding authority or put any additional measures in place to try and prevent these from occurring.

People told us that there were enough staff at the service. We discussed staffing levels with the registered manager who told us the service was in the process of recruiting additional staff members. They told us that at the current time to ensure that they kept sufficient staff levels they used bank and agency staff. We noted that the registered manager was working for the majority of the time as the nurse on the shift. This meant that there were sufficient staff to meet people's needs but the registered manager did not get sufficient time to dedicate to her managerial role.

We saw that the provider followed a recruitment procedure and they ensured that most relevant checks on staff had been carried out before they started work. However the procedure was not fully effective as the provider had not always recorded information about gaps in people's previous employment or sought satisfactory explanations for these gaps.

Requires improvement

Is the service effective?

Our findings

People were satisfied with the care they were receiving. One person told us that the staff were doing all they could do to meet their needs, another person told us, "They are very good." A relative of a person that used the service told us that it was the 'attentiveness of the staff' that had enabled their relative's condition to be diagnosed.

Staff told us that they felt well supported in their roles and that they received adequate training to meet people's needs. One staff member told us how they had received additional training to meet people's individual specific needs. We looked at the training matrix that was kept as an overview of training that staff had attended. We saw there were a number of staff that required training updates as there training had been completed over three years ago. We spoke with the registered manager about training and they advised us the service was now using an e-learning package and staff that required updates were undertaking them. Care staff and nursing staff received regular supervision. However, the registered manager did not receive any kind of supervision. We raised this with the registered manager and the provider.

Staff were aware of the Mental Capacity Act (MCA) 2005 and had some awareness of how it should be implemented. We saw that MCA assessments had been carried out but they were very general and did not address individual decisions in people's lives as the act requires. We saw where people lacked the mental capacity to make a specific decision that a best interest decision had been made. However who had been involved in these decisions and why they had been made had not been recorded.

We discussed the Deprivation of Liberty Safeguards (DoLS) with the registered manager. This is legislation that protects people who lack mental capacity to make decisions about their care and support, and protects them from unlawful restrictions of their freedom and liberty. The registered manager advised us that they had recently been in touch with the local authority in relation to DoLS authorisations and that they had just made some referrals. We saw evidence that these referrals had been made.

Where people shared rooms we saw that their consent to this had been obtained. Staff told us that if people became angry or agitated when they were providing care they would leave them to calm down. There were not always detailed care plans or guidelines available for staff to follow if people became agitated or resistive to care. This meant that staff responses to people's behaviours may have led to inconsistencies in the person's care and treatment or escalate their behaviour. One staff member told us how they dealt with a person's particular behaviour, they went on to tell us, "I don't know if this [staff's response] is on the care plan. It's my view; it's not been discussed at staff meetings or handovers."

People told us that the food was very good and that they were able to choose what they had to eat. One person told us how they liked dripping on toast for breakfast and they were able to have it. We saw another person having a poached egg and bread. One person told us they were a fussy eater but that the kitchen staff always offered them alternative meals. We saw that there was one option of main meal available but people were able to have alternatives if they requested to do so. The kitchen staff were aware of the specialist diets that people required and had an understanding of how to provide these. We observed that people had regular drinks and snacks throughout the day. People were supported to eat and drink enough and maintain a balanced diet.

Appropriate referrals to health professionals had been made when the service identified concerns. This was not always recorded accurately in people's care plans. There was a concern that people's care records did not reflect the most up to date advice and information from health professionals for staff to follow. This meant there was a risk that people may receive inappropriate care.

Good

Is the service caring?

Our findings

People told us they were very happy with the care that was provided and that the staff were very good. One person told us, "They have done more for me than the hospital and the last home I stayed in," they went on to tell us, "The staff are brilliant and they have got time for you." A relative told us, "The care is excellent and the staff are really lovely." Another relative told us, "The staff treat the residents just like their own grandmothers."

We observed some really positive staff interactions. We saw staff asking people if they were warm enough and responding to their needs. We also saw that staff engaged with people as they were carrying out tasks.

We carried out a SOFI observation during the morning. We saw that although interactions with people throughout this period were limited the interactions that we observed were positive. Throughout our observations we found staff were kind, companionate and caring. Staff used people's preferred names and spoke with people in a respectful and friendly manner. Appropriate light hearted banter was also used. Staff showed concern for people's wellbeing and responded appropriately to their needs.

People had an identified keyworker who had specific responsibility in meeting people's needs. We spoke with staff and they had a good understanding of the people's needs that they were a key worker for. This helped develop positive caring relationships.

A relative told us how the manager had been out and visited their relative prior to them moving into the home. The manager carried out an assessment and spoke with their relative about their needs. The manager told us that this was standard practice for the service.

People were involved in making decisions about their care. We observed that when staff asked people questions, they were given time to respond. For example, when being offered drinks, or when staff enquired if they were warm enough. We saw that one person had remained in bed on the day of our visit. We later confirmed with them that this was because they had chosen to remain in bed for the day.

On the day of our inspection a person's annual review with their funding authority was taking place. The registered manager told us that the person had been asked if they wanted to attend but they had decided not to. We later confirmed this with the person.

The manager told us that a number of relatives visited the service frequently and we observed that there were a number of relatives visiting during our inspection. It was evident that staff members knew the visiting relatives and offered to make them drinks. We saw that some relatives were actively involved in making decisions about people's care.

We did not see any information available relating to advocacy services that are able to speak on a person's behalf. We discussed this with the manager who informed us they were going to take action to ensure that this was readily available for people.

Staff had a good understanding of the actions they were able to take to ensure that people's privacy and dignity were respected. We observed staff respecting people's privacy and dignity. We saw that where people had shared rooms, the service had taken action to ensure that people had their own privacy, for example they ensured that people curtains around their beds.

People told us they were able to visit their relative whenever they wanted to and that there were no restrictions on visiting in place. We confirmed this with the manager.

Requires improvement

Is the service responsive?

Our findings

At our last inspection we identified some concerns about the care and welfare of people who used the service. We found that although the majority of people experienced care, treatment and support that met their needs and protected their rights, some people were at risk of receiving care that was unsafe as care plans and risk assessments were not always updated. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements. At this visit we found similar concerns to those we had found at our last inspection.

We looked at the care records of five people that used the service. We found that one person's records who had been at the service for three months had very limited information about their needs and how staff should meet them. A falls risk assessment had been carried out when they first moved into the service but it had not been reviewed since. We saw that this person had a fall resulting in a fracture two months ago and a further seven falls within the three week period prior to our inspection. The risk assessment and care documents had not been reviewed. We observed during our inspection that no additional control measures had been put in place to prevent any further falls from occurring. The person's care had continued as it had before their fall. Care had not been planned to ensure the safety and welfare of this person.

We observed the care being provided by staff. We saw one person calling out in a distressed manner for their mother. We saw that this appeared normal to staff and nobody reacted to their calls. We looked in the person's care file and we saw no reference to this and no details of how staff should respond. We spoke with a staff member who told us how they responded to the person but they went on to tell us they were not sure if it was right or not as they had not received specific guidance. This person's care had not been planned to meet their needs as there was no guidance in place for staff to follow and staff were not sure of how to respond to their needs. There was also therefore a risk that staff responses and general care would vary and the person would receive inconsistent care. This would cause them further unnecessary distress.

We looked at another person's care records. They had been at the service for eight months. There was very basic information about their planned care and it had not been dated or signed. We saw evidence of a referral to a dietician for weight loss and evidence that a supplement had been prescribed. However when we spoke with staff we were told that this was no longer required. We could not see that this had been amended in the care documents. We also found that there was contradictory information about the person's mobility needs. In one place it detailed that they required a hoist for all transfers and in another it detailed that they were able to transfer with their frame. If staff followed the part of the care plan that detailed the person was able to transfer with their frame and tried to support the person to transfer in this way then there would be a high risk of injury to the person. This person was not protected from the risks of receiving inappropriate care as the planning of their care did not meet the person's individual needs.

We viewed another three people's care records and found they had also not been updated or reviewed regularly to ensure that care continued to meet their needs. We discussed our concerns with the registered manager who was aware that the care plans and risk assessments had not been reviewed regularly. The registered manager was responsible for people's care plans and risk assessments at the service and had not had the time to update them. This meant that there was a risk that people may receive inappropriate care particularly as the service used a number of agency staff that weren't familiar with people's needs.

We found that the registered person had not protected people against the risk of receiving care or treatment that was inappropriate or unsafe. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that activities did not take place on a regular basis but there were some special events that took place. These where were musical entertainers that came into the service. We saw there was a list of weekly activities on display in the reception area at the home. We saw these included music sessions, a manicure session and a sing-a-long. However during our inspection we did not see

Requires improvement

Is the service responsive?

any activities taking place. We spoke with one staff member who had recently taken on the role of 'Activities Co-ordinator' but this was something that was in its very early stages of development.

People and their relatives all told us they would be happy to raise any concerns with the registered manager or provider of the service and they would feel comfortable in doing so. We saw that the provider had a complaints policy on display at the service. It provided information about how to make complaint, the procedure and timescales that it would be investigated within and relevant contact numbers. We asked the provider for their complaints log and details of any complaints that they had received. The provider and manager were not able to locate the information. The service were not able to evidence they were using their complaints system during this inspection.

Requires improvement

Is the service well-led?

Our findings

At our last inspection we identified some concerns about quality assurance in the service. We found that the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. However this was not followed by all staff, reviews of risk assessments and care plans along with medication audits were not regularly completed. The provider did not have an effective system to regularly assess and monitor the quality of service that people receive. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements. At this visit we found that the provider had produced a quality assurance questionnaire but we still had concerns that systems to identify, monitor and manage risks were not in place.

The provider had produced a quality assurance questionnaire that was left next to the signing in book at the service. We saw that 11 questionnaires had been completed and one had suggested an improvement. The provider told us about the action they had taken in response to this but this was not documented anywhere. There were no other mechanisms for the provider to seek people's views of the service and use them to improve the service.

A medication audit had not been carried out since February 2014. There was no other effective system in place to ensure that people were protected against the risk associated with the unsafe use or management of medicines. The provider had not recognised the shortfalls in medicines administration and management that we identified in this inspection. This meant that people were not sufficiently protected from the risks associated with medicines.

There was not an effective system in place to ensure that people's care records were being reviewed and updated as required to ensure that they were accurate and gave staff the guidance they needed to deliver care properly. This meant there was a risk that people may receive inappropriate care.

The provider and registered manager had failed to act fully on the concerns identified in our last inspection report and implement their action plan that had been provided to us. They had not therefore made all the required improvements.

This is a relatively small service and the provider explained that they relied on their 'open door' management approach to ensure that they were alerted to any problems or shortfalls in the service. As the provider lived in the same building that the service was located in this meant that they were very accessible to staff and visitors. This approach had however not sufficiently solicited the views of people using the service nor had it identified the risks to people from poor care records and the administration of medicines.

We found that the registered person had not protected people against potential risks to their safety and welfare as auditing systems were not in place. The provider had not taken action in response to our previous inspection report. This was a continued breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff members told us that they felt well supported in their roles and they were able to raise any concerns they had. One staff member told us, "There's a good team here." Another staff member told us the manager was, "Very supportive and approachable and the service is very well led."

Staff told us that they were kept up to date with any changes at the service through handover meetings that occurred at the beginning of each shift. Staff had a general understanding of the services values.

The registered manager had a good oversight of the service and their caring nature was mirrored in the staff group as a whole. We received feedback about the registered manager from a health professional that was visiting the service. They told us there was "A positive, committed and professional manager, who puts in a lot of shifts."

Requires improvement

Is the service well-led?

The registered manager was aware of their responsibilities. However, we concluded that they were not supported to carry out their role. The registered manager did not receive any type of supervision or appraisal and had very limited time dedicated to their manager role.

The registered manager had not reported the fall of a person that had resulted in the person sustaining a fracture. This was a concern as this is an incident that is notifiable to CQC by law. We discussed this with the registered manager of the service and they were very apologetic and were aware that it should have been reported.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines, which following the legislative changes of 1st April 2015 corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met: People who use service were not protected against the risks associated with the unsafe use and management of medicines as there were not appropriate measures in place for the recording, using, safe keeping and safe administration of medicines. Regulation 12 (2) (f) & (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and Welfare of people who use services, which following the legislative changes of 1st April 2015 corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met: There was not a fully completed assessment of each person's needs. People were at risk of receiving care or treatment that was inappropriate or unsafe. Care plans and risk assessments had not been regularly updated to ensure that they continued to meet people's needs and ensure the welfare and safety of each service user. Regulation 12 (1) and (2) (a) & (b).

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision, which following the legislative changes of 1st April 2015 corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met: Auditing systems did not identify potential risks to people's safety and welfare. The provider had not taken action in response to our previous inspection report. Regulation 17 (1) and (2) (a), (b) & (e).