

Minster Care Management Limited

Ashgrove Care Home - Humberstone

Inspection report

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Date of inspection visit: 15 May 2015
Date of publication: 14/07/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection was undertaken on 15 May 2015, and was unannounced. The service was last inspected on 17 July 2014 and was found to be in breach of regulation in relation to the safe handling of medicines. At this

inspection we followed up on the breaches, we found that these issues had been addressed. However, we found other shortfalls in the service which are described in the safe and well led sections of this report.

Ashgrove Care Home is registered with the Care Quality Commission [CQC] to provide accommodation for up to

Summary of findings

45 older people who are elderly or who are living with dementia. Accommodation is provided on the ground floor. The service has private grounds and a separate secure garden. Local amenities and a bus route are accessible. Onsite parking is, however this has been reduced due to areas being allocated for building contractors and materials. Staff were available 24 hours a day to support people.

The home has 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were cared for by staff who understood they had a duty to protect people from abuse. Staff knew how to report abuse and said they felt able to raise any issues, which helped to keep people safe.

Staff knew people's care needs and risks to their health and wellbeing which enabled them to support people. Training was provided to all staff to help them to develop and maintain their skills. Staffing levels appeared adequate to meet people's needs at the time of our inspection.

The environment was affected in some areas by the building work that was being undertaken. We found some issues relating to cleanliness, security, medicines and effective monitoring of the service provision. Most of the issues we found were addressed at the time of our inspection. However we have asked the registered provider to take further action in relation to the shortfalls we found with medicines at the service.

People's bedrooms were personalised, names or numbers were displayed on bedroom doors and pictorial signage was provided to help guide people to their rooms, bathrooms, toilets and lounge areas.

People were involved in making decisions about their care. Staff supported people to make decisions for themselves. Information was presented to people by staff in a way they were able to understand and their privacy was respected.

Home cooked food was provided to people living at the service and those who required prompting or support to eat were assisted by patient and attentive staff. Staff monitored people's dietary intake and gained help and advice so that their nutritional needs could be met.

A complaints procedure was in place, anyone wishing to make a complaint could do so. Issues raised were investigated by the registered manager and people were informed of the outcome.

People living at the service and their relatives were asked for their opinions. The registered manager undertook regular audits, these helped them to monitor the quality of the service. However, the shortfalls we found had not been identified through the auditing process. We have therefore made some recommendations and have asked the registered provider to address the areas in need of improvement.

A breach of regulation 12 has occurred and we have deemed this to have a minor risk to people who lived at the service. You can see what action we told the registered 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 always safe. People were not protected against the risks associated with medicines, infection control, and security and monitoring the quality of the service.

Staffing levels fluctuated at times due to staff sickness, this placed a strain on staff and affected the quality of the service provided.

People told us they felt safe living at the home. People were cared for by staff who knew about the risks present for each person's health and wellbeing.

Staff knew what action they must take if they suspected abuse was occurring. This helped to protect people.

Requires improvement



Is the service effective?

The service was effective. People were supported by staff who had undertaken training which helped them to support people.

People's mental capacity was assessed to help to protect their rights.

People were offered a nutritional diet and there was a choice of meals available.

Health care professionals were contacted by staff for help and advice to help to maintain people's health and wellbeing.

Good



Is the service caring?

Staff were caring and people we spoke with told us they felt well cared.

Staff supported people with kindness.

Staff were observant and spent time with people when this was possible.

People were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

A complaints procedure was in place for people or their relatives to raise any issues.

Good



Is the service well-led?

The service was not always well led. The registered manager undertook a range of audits to monitor the service. However, these audits had not been effective in finding and dealing with the shortfalls that we found.

Requires improvement



Summary of findings

People we spoke with told us they were satisfied with the service they received.

The ethos of the service was positive; there was an open and transparent culture. Staff understood their roles and responsibilities and that of the registered manager.

Meetings were held to gain people's views about the service provided.

Ashgrove Care Home - Humberstone

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 registered 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 15 May 2015 and was unannounced. It was carried out by an adult social care inspector and an expert by experience. An expert by experience is someone who has used this type of service or knows about this because their relatives have received this type of care or support.

We reviewed the information we held about the service prior to our inspection. We looked at the notifications we had received and reviewed all the intelligence the Care Quality Commission [CQC] held about this service, which helped inform us about the level of risk. We planned the inspection using this information.

During our inspection we undertook a tour of the building. We used observation to see how people were cared for whilst they were in the communal areas of the service. We were shown around the home and were invited into people's bedrooms to be introduced to them. We saw how

staff interacted with people. We watched lunch being served in two dining rooms and observed part of a medicine round. We inspected all the medicine administration records [MAR] and medication storage. The care plans and risk assessments for three people were looked at. Records which demonstrated how the service was run were seen, these included policies and procedures, audits undertaken and minutes of meetings that had occurred, staff rotas and maintenance checks. Three staff files were inspected, this included recruitment information, training, supervision and appraisal records. We spoke with nine people living at the service and with seven relatives. We spoke with the registered manager and with four care staff, the maintenance man and activities co-ordinator.

Some people who lived at the service were living with dementia which meant they could not tell us their experiences. We used a number of different methods to help us understand the experiences of the people who used the service including the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

The local authority contracts and compliance team and infection control team was contacted as part of the inspection. They were asked about the service the feedback received was satisfactory.

Is the service safe?

Our findings

When we spoke with people we asked them if they felt safe living at the service. One person said, "I do feel safe here." However, one person we spoke with said, "They can be short staffed at weekends."

A relative we spoke with said, "I have never felt my relation is neglected, although staff are rushed off their feet. During the diarrhoea and vomiting outbreak the home manager was very strict about hygiene." Another relative we spoke with said, "They [staff] do not take notice of the buzzers. [Name] has been ringing twenty minutes to go to the toilet." A third relative said, "Workers here are very caring, but understaffed."

Staffing levels at the service were adequate at the time of our inspection. We looked at the staff rotas. The registered manager told us they helped to ensure there was enough suitably skilled staff available to support people and provide continuity of care. We observed that the staff were very busy. When we spoke with the staff they told it was always busy but that they felt there was enough staff on duty to support people as long as no one phoned in sick. They told us they always tried their best to provide an effective service to people.

Staff we spoke with told us during the recent diarrhoea and vomiting outbreak staff not affected themselves had picked up extra shifts to provide continuity of care to people. The staff we spoke with who had done this told us they now felt exhausted. The registered manager confirmed staff were flexible and did their best to cover shifts. They did say that if staff absence occurred at short notice it was not always possible to get cover. The registered manager said that she worked shifts, when necessary, in these situations. **We recommend that the registered provider review the staffing levels provided.**

The nurse call system in operation within the service had been adapted, with a new system having been added onto the old one. We saw a number of [F] Codes, which meant fault, were being displayed and the buzzers were activated a lot. We spoke with staff and the handyman who told us it was annoying that these fault codes kept being displayed. [There was no noise generated by the fault code]. When we asked to look at the print out of the nurse call system to see how long people had to ring their buzzer for before staff attended, we were informed by the registered manager

that this facility was not available. We received a comment from a relative that their relation had waited twenty minutes for the toilet. **We recommend that the registered provider gains further advice and guidance about the nurse call system to help to protect maintain people's comfort and safety.**

The service had recently had an outbreak of diarrhoea and vomiting. The infection control team confirmed to us prior to our inspection that correct action was undertaken by the registered provider to maintain infection control. However, during our inspection we found that the cleaners' trolleys and mop buckets being used were very dirty. We discussed this with registered manager and all this equipment was scrubbed clean during our inspection. Light cords in the communal bathrooms and toilets were seen to be dirty; we had found this on our last inspection. The registered manager told us the light cords had been cleaned following our last inspection. These cords were shortened during the inspection to remove the dirt. The registered manager told us that protective sleeves would be purchased to prevent this from re-occurring.

At the time of our inspection the registered provider was undertaking extensive building work and was having an extension built. The builders on site had to gain access to some wiring and pipework in the existing building by creating some small holes in corridor and the laundry walls and ceilings. We found these holes were exposed and a lot of building dust was present. This issue was discussed with the registered manager. The builders immediately covered the holes to prevent further dust intruding into the care home. The temporary laundry was also found to be very dusty, even behind the washing machines. The laundry was thoroughly cleaned during our inspection. We found an iron had been switched on and left unattended by staff stood upright on a window ledge. This was discussed with the registered manager because this may have posed a fire hazard.

We noted as we left the laundry that outside of the side door there were used cigarette ends all over the ground outside. This was the staffs' designated smoking area and we discussed this with the registered manager because this may pose a fire hazard. We asked the registered manager to get staff to clean this area up; we noted this had not been completed before we left the service.

We inspected a boiler room, it was dusty and there were two foam cushions on top of the boiler. The cushions were

Is the service safe?

removed and the room was cleaned. This was discussed with the manager because this was a fire and infection control risk. Staff immediately removed these items. Fire alarm tests were undertaken weekly, relatives confirmed they and people who used the service were informed about these so they were aware they were to occur.

We found an unattended cleaners trolley in a bathroom with the cleaning chemicals present and we discussed this with the registered manager. The member of staff had gone for a break and instead of locking the trolley away had put it in the bathroom. The service provides accommodation for people living with dementia, whilst no one had come to harm because of this the potential for this was there.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. The action we have asked the registered provider to take can be found at the back of this report.

At our previous inspection we had found the registered provider to be none complaint with the safe handling of medicines. One issue that required further attention was that items such as eye drops and creams requiring cold storage needed to have the date of opening recorded on them. We saw this was in place for the majority of items, we found one bottle of eye drops where this was not the case. They were disposed of immediately and a fresh supply opened with the date recorded on the bottle.

We inspected the medicine systems in operation and we found that medicines were stored securely. The registered manager told us how people's medicines were ordered, checked against the prescriptions, administered, stored and disposed of. We inspected five people's medicine administration records [MAR] and we saw allergies were noted and people's photographs were present to help inform the staff. We observed a member of staff giving people their medicine at lunch time. They carried out their duties with confidence and were competent and confirmed they had undertaken a safe handling of medicines course. We were told by the registered manager staff could not give out medicines unless they had completed training in relation to this.

We checked the balance of five people's medicines. We noted for one person the medicine balance was higher than it should have been, this meant that staff on two occasions had signed the person's MAR to say medicine had been given but this had not been dispensed. We noted

for two other people there were gaps on the MAR charts. We looked into this and found that a member of staff had not signed the MAR charts for two people's medicines that appeared to have been given; The registered manager took action to address this. We were notified by North East Lincolnshire safeguarding team, just after our inspection that they were looking into potential safeguarding issues relating to medicines. We noted that the medicine fridge and treatment room temperatures had not been recorded daily; there were a few gaps each month on the record sheets. These checks should be undertaken to ensure medicines are stored in the correct range to remain effective.

We recommend that the registered provider follow the Royal Pharmaceutical guidelines in relation to dispensing, therecording of medicines given and monitoring the temperature of storage.

Staff we spoke with said that they had received training about how to protect people from abuse. They said they would report potential abuse immediately. Staff we spoke with knew abuse was reported to the local authority and to the Care Quality Commission [CQC]. A member of staff said, "I would report issues straight away."

The service had been inspected by the local authority environmental health officer; a two star rating had been awarded for food hygiene. The registered manager informed us that a new kitchen was going to be built within the next few months. We inspected records of the fridge and freezer temperatures, food probing temperatures and cleaning schedules which helped to confirmed food hygiene measures were in place.

We saw that people's care records contained risk assessments which informed the staff about potential risks to people's wellbeing. For example, we saw risk assessments were in place for people regarding the risk of falls, losing weight or developing tissue damage. Staff monitored these risks regularly which helped to maintain people's wellbeing.

We inspected staff recruitment files. These contained application forms, references from previous employers and disclosure and barring service [DBS] checks. We saw that gaps in potential staffs' employment history were looked

Is the service safe?

into and their past experience and qualifications were recorded. The identity of staff was checked and this recruitment process helped to protect people from staff who may not be suitable to work with vulnerable adults.

Maintenance and safety checks of the property were undertaken. We looked at records relating to the electrical installation, portable appliances testing and water safety. Records confirmed these checks were up to date.

Is the service effective?

Our findings

We observed that people were supported by the staff during our inspection. Staff were assisting and encouraging people to choose how they wished to spend their time. People we spoke with told us that they felt staff supporting them. Staff asked people for their consent to assist them, before this occurred

We received the following comments from people: "The food is good." Another said, "We always get a cup of tea about 3pm with either biscuit or cake." Further comments included: "The staff come round the day before and ask us for tomorrow's meals, it doesn't always work like that, and "The food is boring but good."

A relative we spoke with told us that they felt informed by the staff about their relations condition.

We discussed this feedback with the registered manager, they told us that two new care staff had started work at the service and another four staff were about to start once their pre-employment check results had been received. We were informed as a result of the extension being built they were increasing the staffing levels.

Training was provided for staff in a variety of subjects. This included: health and safety, moving and handling, fire safety, safeguarding, dementia, mental capacity and deprivation of liberty, first aid and medicine administration. The training each member of staff had undertaken was recorded on a training planner this helped the registered manager to plan future training events and remind staff when they needed to undertake training in certain areas to keep their skills up to date.

Staff we spoke with said, "There is always training on offer."

New staff starting work at the service told us they filled in an application form and had to attend an interview, references and police checks were undertaken and the results of these had to be satisfactory for them to be offered a position at the service. Staff we spoke with confirmed that a period of induction took place this included 'shadowing' a more senior carer so new staff had time to learn how to support people before working on their own.

We saw that supervision for staff was being undertaken. The registered manager told us this helped them to understand the training and developments needs of the

staff and allowed them to address any performance issues. They said they observed the staff working at the service to monitor how they were performing. Staff we spoke with told us they felt supported by the registered manager and they said they could discuss any issues relating to their performance, the care of people living at the service at any time. We saw staff appraisals were being planned, the registered manager said that due to the building work they had other pressures on their time and therefore had not started the yearly appraisals for staff.

The Care Quality Commission [CQC] is required by law to monitor the operation of the Deprivation of Liberty Safeguards. People at the service had their mental capacity assessed. The registered manager had contacted the local authority to gain further guidance where this was necessary to gain clarity about Deprivation of Liberty Safeguards [DoLS] in individual cases. Two people had DoLS in place. We saw that the registered provider had appropriate policies and procedures in place for staff to refer to. This helped to protect people's rights.

People at the home had their nutritional needs assessed. Information about people's preferred foods and drinks, food allergies, likes and dislikes were known by staff and the chef. This meant that meals and refreshments were provided that people liked. We observed some people having breakfast and observed lunch in both dining rooms. Menus were displayed and staff showed people the food being served to help people decide what they would like to eat. People could choose the size of meal they wanted along with different drinks. Snacks and drinks were provided mid-morning and mid-afternoon and supper was provided. This helped to meet people's nutritional needs.

We observed lunch in each of the dining rooms; there was a lovely atmosphere during lunch time which was a social occasion. People were asked if they wanted peas or were asked if they preferred baked fish instead of fried fish, other choices were available. Staff told us they knew people's likes and dislikes but that they always checked to make sure this was still correct. We observed staff asking people if they needed help to cut up their food or to add condiments to their meal. Adapted cutlery was in use to help people maintain their independence.

We saw the building was spacious in areas to allow staff who needed to use equipment such as hoists or wheelchairs were able to do so. Special equipment such as hospital beds and pressure relieving mattresses were

Is the service effective?

provided to individuals who had been assessed as requiring this support. Staff at the service asked relevant health care professionals to assess people as their needs changed in order to maintain people's wellbeing. Pictorial

signage assisted people to find toilets and bathrooms. People's bedrooms were personalised and some contained items to help people reminisce about loved ones and their life.

Is the service caring?

Our findings

People we spoke with said that they felt cared for by the staff. One person said, "They [staff] look after me." Another person said, "It's not home but it's very close to it." Further comments included: "The staff have been very good." We observed that people appeared relaxed in the presence of staff. We saw friendly banter occurred which created a homely atmosphere.

A relative we spoke with told us they felt the staff were caring and said they were made welcome when visiting the service. One relative we spoke with said, "When I leave this place I can relax knowing my relation is going to be cared for." Another said, "They are caring but understaffed." A third said, "The carers are brilliant."

We observed staff asking people if they needed any help or assistance and if everything was alright for them. Staff asked people to make choices about what they wanted to do and where they wanted to sit. Some staff had worked at the service for many years others had started work more recently, all of the staff told us they enjoyed working at the service. A member of staff said, "The residents are lovely, I enjoy working here." Staff appeared to be patient and kind when supporting people.

People's privacy was respected. Staff knocked on people's doors before entering. Staff assisted people with personal care in their bedrooms behind closed doors to protect their privacy. We observed staff speaking with people; time was spent speaking slowly and clearly to people who could not hear well, or with those who needed time to think before responding. If people appeared not to understand what was being said staff rephrased what they were saying to help the person understand. We saw staff knelt down or sat next to people so they gained eye contact when speaking with them, to aid communication.

The registered manager told us that if a person needed to go to hospital they would send staff with them so that the person would not feel anxious if a family member could not escort them. Advocacy services were available to people locally and the registered manager told us they would gain the support of an independent advocate for people if this was required.

Visitors were made welcome and could visit at any time. People were encouraged to go out with their relatives when they wished too.

We saw that if people became anxious staff tried to divert their attention. In one case, if this was unsuccessful then family members were called in to visit which was what the person needed to help calm them at times.

Is the service responsive?

Our findings

People we spoke with told us that they felt staff responded to their needs. One person said, "I try to join in with activities when I can, they are very good with activities." Another person we spoke with told us they liked to have their hair done and this was provided at the service, they said, "It's such a relief to have my hair done, it's a bonus." A third person told us they had a special mattress delivered for them. They said they were delighted that it had arrived and told us their bed was already made up.

Relatives we spoke with said they were kept informed of their relations changing needs and one said they were involved in their relatives care planning. Another relative told us they used the service for respite periods and said the staff always spent time with their relation and were very encouraging to them. They said, "When I pick my relation up they are walking without their stick. They explained their relation usually relied on it but due to the care they received their condition improved."

Relatives spoke about the activities provided; they said: "The activities co-ordinator is good. She tries to encourage people."

A relative we spoke with said, "I do feel I can go to the manager at any time if I have any concerns."

We saw evidence in people's care records that confirmed relevant health care professionals had been contacted for help and advice for people who were not well or whose needs had changed. This helped to maintain people's health. The registered manager told us how they monitored people's falls and consulted with the falls team if the person needed any further support to prevent further issues from occurring. We saw evidence that this occurred.

During our inspection we saw that an assessment was taking place to review a person's, changing needs. A family member attended this which helped them to feel fully included and informed. The registered manager said that family were always told about reviews so that they could attend. We also saw a special bed and mattress which was to be used to support a person's changing needs.

People were able to visit when they wanted to. We saw that people were able to go out with their relations if they

wished. People were taken out by staff for a walk when staff had time. The registered manager told us that people were taken on outings locally to Cleethorpes in summer. The staff we spoke with confirmed this.

We saw that people were able to choose what they wanted to and how they wanted to spend their time. Staff were observed talking with people, giving them time to respond and where the person did not understand what was said the staff rephrased the question. We observed that staff acted upon what was said to them.

During our inspection, we observed staff being very understanding as one resident had a problem with all the noise in the dining room at lunchtime, they could not settle, so the staff arranged for them to have their lunch in the lounge where it was quiet, while the other residents were in the dining room.

People's care records contained information for staff about how they may help people if they became anxious or displayed behaviour which was challenging.

We observed that a person became upset because they needed assistance in the toilet and had waited a few minutes; this was because a male carer had gone to attend to them but they requested a female member of staff which was their preference. This took a few minutes because the female staff were busy with other people. The registered manager told us that people's preferences for the gender of care staff were known and respected. Another person

who was being hoisted into an easy chair appeared to have wet trousers on, we asked the registered manager to check if this was the case, the person was changed.

People's care records contained life history information which informed staff about people's pasts, and helped them understand people's values, likes and dislikes. Social wellbeing and communication care plans were in place to help to support the staff. There was an activities co-ordinator in place and a programme of activities was provided. Activities that people enjoyed were undertaken and people could choose to take part if they wished. Staff were seen talking with people and reminiscing with them.

We observed the activities co-ordinator painting people's finger nails in the lounge. We saw copies of 'The weekly sparkle' were available to people. This is a reminiscence newspaper which focused on 'the old days' which encouraged people to reminisce.

Is the service responsive?

People we spoke with and their relations said they could raise issues or complaints. A relative we spoke with said “I do feel I can go to the manager at any time if I have any

concerns.” The complaints procedure was displayed within the service. We inspected the complaints that had been received. We saw that issues were investigated and the outcome of the issue was reported to the complainant.

Is the service well-led?

Our findings

We saw that people who used the service knew who the registered manager was; people appeared comfortable in their presence. A member of staff told us, “The manager is supportive.” Another member of staff said, “They have an open door policy.”

Relatives we spoke with said the manager was visible throughout the day and that they knew people’s names, they told us people responded well to her. A relative said, “The manager does try hard to keep on top of things.”

The registered manager completed a variety of different audits about the quality of service provided from all departments. We inspected the completed audits; we found that even though audits were undertaken, the shortfalls in the service had not been picked up by this process, or by the registered manager’s observation. Monitoring of the staffing levels needed to be undertaken along with more thorough checks on the cleanliness of the service to ensure infection control was maintained. The issues found relating to staff during this inspection could have been identified and addressed prior to our inspection. We discussed this with the registered manager who said that the added pressure of the building works being undertaken and the recent infection control outbreak had distracted them but that they were determined to get things right.

During our visit we observed that the registered manager had an ‘open door’ policy. Staff, relatives and visitors were able to speak with them at any time. Staff we spoke with

confirmed that the registered manager was supportive and said if they raised issues with her they would be dealt with. There was an ‘on call’ system in place so that the staff could gain help and advice at any time.

The registered manager told us they felt supported by the registered provider. They told us the higher management team visited the service to offer help and support and to discuss any changes to best practice and new legislation. Any other concerns the registered manager had for example, staffing issues or safeguarding concerns they were able to talk this through with them.

The registered provider had a quality assurance process in place and carried out a yearly survey with people and their stakeholders. People who used the service and their relatives could raise their views at meetings that were undertaken. We looked at the minutes of the last residents and relatives meeting, issues discussed included outings and menus provided. The registered manager confirmed that they spoke with people on a daily basis and with visitors to the service to gain their views informally. They told us any feedback received was always acted upon to help to ensure people were happy with the service they received.

There were emergency contingency plans in place. Staff had access to contractor’s details so they could request assistance at the home promptly. Weekly fire alarm tests were undertaken, staff were aware of the help people needed to receive to get them to safety in the event of a fire.

Staff were aware of their roles responsibilities and were given guidance during staff meetings and handovers. A member of staff said, “We have staff meetings where we can raise our views, these are helpful.”

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The premises used by the service provider were not safe to use for their intended purpose and were not used in a safe way. 12 [2] [d]</p> <p>The registered provider had not got suitable systems in place to assessed risk of prevention, detecting and controlling the spread of infections. 12 [2] [h]</p>