Ringdane Limited

Ringshill Care Home

Inspection report

Sallowbush Road
Huntingdon
Cambridgeshire
PE29 7AE
Tel: 01480 411762
Website: www.fshc.co.uk

Date of inspection visit: 13 February 2015
Date of publication: 19/03/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This unannounced inspection took place on 13 February 2015.

At our previous inspection in 29 April 2013 the provider was not in breach of any of the regulations that we assessed.

Ringshill Care Home is a two storey building located on the outskirts of Huntingdon. The home provides accommodation for up to 87 people who require nursing and personal care. At the time of our inspection there were 58 people living at the home accommodated in single occupancy rooms. The home is split into four main units where people are cared for according to their assessed care or nursing needs.

The home did not have a registered manager in post. The current manager who had worked at the home since November 2014 was in the process of applying to become 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

Summary of findings

'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 told us they were safe living at the home. We found that there were a sufficient number of suitably qualified and trained staff employed and that the provider had a robust recruitment process in place to ensure that only the right staff were employed.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the provider and staff were knowledgeable about when a request for a DoLS would be required. We found that appropriate applications to lawfully deprive some people of their liberty had been submitted to the local authority (Supervisory body). Procedures were in place to monitor people's safety to ensure that, when required, people were only deprived of their liberty when this was lawful. People who had limited capacity to make decisions were supported with their care and support needs where this had been assessed as being in their best interests.

Staff did not always respect people's dignity and privacy at all times. Care was not always provided by staff in a caring and compassionate way. People did not have to wait more than a few minutes for their call bells to be answered.

People's care records provided staff with detailed and appropriate information to care for people in the right way. However, support for people's hobbies and interests was limited. This meant that people were at an increased risk of not being provided with stimulation that was meaningful to them.

Health risk assessments were in place to ensure that people received appropriate care in relation to their healthcare needs. People were supported to access a range of health care professionals. This included GP and community nursing services.

People were provided with, and had a choice of varied menus based upon a range of options. There was a sufficient quantity of food and drinks available for people at all times.

Information was provided for people on how to make a complaint and staff knew how to respond to reported complaints and concerns. Action was taken to address people's concerns and to prevent any potential for recurrence. Information regarding Independent Mental Capacity Advocacy (IMCA) services were displayed in the home for people who lacked capacity.

The provider had quality assurance processes and procedures in place to improve, if needed, the quality and safety of people's support and care. However, the provider had not identified the issues we found during our inspection and this placed people at risk of inappropriate care. People were provided with a variety of ways on how they could comment about the quality of their care.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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?

Requires Improvement

The service was not always safe.

People were supported by a sufficient number of staff who were knowledgeable about safeguarding procedures. However, risks to people's, staff and visitor's safety in respect of access to hazardous areas were not always managed effectively.

There was an effective recruitment procedure in place to ensure that only the right people were employed at the home.

People were supported with access to healthcare professionals and having support and with taking their medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

People's health needs were assessed but these were not always met in a way which ensured that their health needs were met.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards DoLS. This helped ensure that appropriate applications to lawfully deprive people of their liberty were made.

People were supported with a healthy balanced diet according to their assessed needs. Sufficient quantities of nutritious food and drink were always available.

Is the service caring?

Requires Improvement

The service not always caring.

People were not always provided with care and support with compassion and in a way which met their needs in a sensitive and caring way.

Staff knew what was important to the people they supported. People could be visited at any time without restriction.

Prompt action was taken to ensure people's care and support needs were attended to by the most appropriate health care professional. People were given every opportunity to maintain and improve their independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's hobbies, interests and preferred social activities were not always supported.

People and their relatives were involved as much as possible in their care assessments. Staff responded promptly to people's assessed needs.

Summary of findings

Regular reviews of people's care were completed and changes were made to ensure people's care was provided in the way they preferred.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

The provider's audits were not always effective in identifying what we found and whether people's care needs were being met safely. Records were not held securely.

People were supported by staff who shared the same beliefs and values of the home about always putting people first.

People could not always be confident that their care and support was based on their most up-to-date care information.

Ringshill Care 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 unannounced inspection took place on 13 February 2015 and was completed by three 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. Their area of expertise was in dementia care.

Before our inspection we looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also spoke with the service's commissioners, the local safeguarding authority, visiting health care professionals and received information from the home's GP practice.

During the inspection we spoke with nine people living in the home, two relatives, the provider's regional manager, the home's manager, three nursing staff, five care staff and three non care staff members. We also observed people's care to assist us in understanding the quality of care people received.

We also 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 looked at 10 people's care records, people who use the service (residents') and relatives' and staff meeting minutes and medicine administration records. We looked at records in relation to the management of the service. We also looked at staff recruitment, supervision and appraisal processes and training, complaint and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

People told us that if they thought they had been mis-treated, they would have no hesitation in approaching the nurses or manager. One person said, "I feel safe because I am very well looked after. They [staff] are all wonderful to me and answer my call bell quickly." People, relatives and visitors told us that there was always sufficient staff on duty. One relative said, "The staff are busy but not to the point where I would have any concerns about [family member's] care. A staff member said, "It has been much better lately as nearly all staff are now permanent."

People told us they were supported to take risks including going out alone, going to the shops, pubs and other local amenities. One person said, "I go out but the staff make sure I have all my equipment with me in case I need help." Another person said, "They make sure I take medicines and wait until I have taken them all." One relative said, "[Family member] has been here since last year and I have no concerns that they are safe living here.

However, we found areas in the home where people may be at risk of harm. We saw three sluice room doors open. Inside two of these there was contaminated waste including sharps [needles and syringes] containers. In one of these rooms hazardous chemicals were held in a cupboard with a key in the door which was accessible to people walking around the home. This put people at risk of harm. The staff told us that the closing mechanism was not working correctly. However, measures had not been taken to ensure that staff closed the doors correctly and made them secure.

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

All staff we spoke with had received safeguarding training and demonstrated an understanding of what protecting people from harm meant. They were able to recognise signs of potential abuse. The manager told us and staff confirmed that they maintained regular contact with the safeguarding authorities and had co-operated fully with any investigations that had taken place. Appropriate reporting of all safeguarding incidents had been made.

Access to information about protecting people from harm was displayed in the main entrance corridor and staff rooms. This enabled people and staff to access this information if required.

The provider had notified the CQC of an error in the administration of a prescribed medicine and had taken the appropriate action where staff were found to have not followed safe practice guidance. Procedures put in place since this incident had been effective and no further errors had occurred. We found that medicines, including controlled dugs, were stored correctly and securely. Staff were trained and those deemed competent were authorised to administer medications. Records of the quantities of medicines held matched the records we looked at. Staff had access to, and used, clear guidance and instructions to ensure people were administered their prescribed medicines at the time they needed. A relative told us, "My [family member] gets very confused. The staff talk to them. They try their best to help [family member] understand their medication needs." This showed us that staff followed safe medicine administration practices.

Staff recruitment records showed us and staff we spoke with confirmed that there was an effective recruitment process in place. This was to ensure that staff were only employed at the home after all the appropriate checks had been completed to the satisfaction of the provider. Checks included employment history, written employment references and job interviews questions and answers and criminal record checks.

People, relatives and staff told us that there were sufficient staff working at the home. During our inspection we noted that people's needs were attended to by a sufficient number of competent staff. The manager explained how they had assessed people's needs and that this assessment determined the staffing levels required to keep people safe. A person told us, "I never have to wait long if I ask for anything." We found call bells were answered in a timely way and people's needs were met promptly.

Appropriate measures were in place to help ensure that the health risks including those for people at an increased risk of falls, developing a pressure sore area, choking and mobility were in place. Examples of action taken to reduce the risks included the use of bed rails and assistive

Requires Improvement

Is the service safe?

technology (equipment to alert staff to people's movement and equipment to support people safely). This helped reduce the risk of harm as risks to people's health were assessed and managed effectively.

Regular and up-to-date checks had been completed on the home's utility systems and equipment, environmental health and fire safety. However, although these checks helped the provider gain assurance that the home was a safe place to live and work in, not all of these checks had been effective in identifying the potential risks and issues we found.

Requires Improvement

Is the service effective?

Our findings

All of the people we spoke with told us that they rarely had to ask for specific help with their care as staff knew their needs well. One person said, "I have been here a few months and the food is good. I have a choice of meals which I like." People told us that they were very happy with the meals and that they were properly provided with food and drink at all times, they said the following,

"There's no shortage of food and drink." A relative told us, "Excellent food. I have lunch with [family member] once a month, the menu is really good, and there will always be something (snacks) on the tea trolley." This showed us that people were supported with their assessed needs.

Speaking with staff and looking at one person's care records we found that they were assessed to be at risk of developing pressure ulcers and were to be repositioned every four hours. However, we found the person had acquired a pressure ulcer whilst living in the home. According to the (incorrectly dated) records the person had been repositioned on '12 May 2015' at 09:20am, then five hours later at 14:20pm. The repositioning chart demonstrated that the person was supported five hours and twenty minutes later at 19:40pm. The person was next supported to change their position over a further six hours later at 02:10am on 13 February 2015. All these turns were in excess of the required four hourly turns. This placed the person at an increased level of risk of their pressure ulcer not healing and their intermittent cough developing into a chest infection.

The manager and staff we spoke with told us that they had received regular supervision and training to ensure they were kept up-to-date with current care practices. Training records confirmed that training was planned and delivered according to staff's identified development needs. However, four staff told us they would benefit from dementia care and challenging behaviour training. One staff member said, "I had a comprehensive induction and have received on-going support since I started my employment." The manager, senior care and nursing staff told us that they regularly conducted supervision including day to day support.

The manager explained how people were supported in the least restrictive way possible and alternatives were looked into first. An example of this was the introduction of a lower bed or fall protection mats to ensure people were safely supported in any falls, before the use of bed rails. Further involvement of the family and checks were planned to determine the least restrictive option. This meant that people were not unnecessarily restricted. We saw that staff understood people's needs well. This was by ensuring they always received a verbal, written or implied consent from each person before providing any care or support. Examples we saw included staff seeking people's permission before offering them their prescribed medicines.

People's care plans included advanced directives including do not attempt cardio pulmonary resuscitation (DNACPR) records which had been signed by a health care professional and discussed with the person or their families. Staff told us and explained when this decision was to be respected. This showed us that DNACPR current guidance was followed.

We found the manager and staff, appropriate to their role, had a good understanding about what the implications of the MCA and DoLS meant for each person. They were aware of changes in the law regarding this subject and how to apply this judgement to only deprive a person of their liberty where this was lawful. Where identified people had been assessed for DoLS and appropriate requests to the local authority [supervisory body) had been made. We found that where people required care that was in their best interests the necessary steps had been taken to ensure that this was only done in a lawful way.

The chef had a good knowledge of people's likes, dislikes and preferences of where they would like to eat each meal. People were able to make a choice of the meal options offered and make a choice of the food they wanted. This included menus displayed in the dining area. During the lunch time we saw that people were supported to eat in the dining area, in their room or a place of their choice. One person said, "The food is good. There is always plenty of it and we get snacks during the day."

People were supported with their dietary needs including soft and pureed food diets. This was for people assessed to be at risk of choking. One person said, "I have my favourite foods and get these regularly." Another person said, "I like my breakfast in my room but I can have it wherever I want." We saw that staff reminded people what they had chosen for their meal and confirmed whether they still wanted that meal choice. The staff checked with people throughout the

Requires Improvement

Is the service effective?

meal if everything was alright. One person said, "The food is very nice." There were snacks and fresh fruit available if people wanted this. People were supported to be involved with their meal choices and were offered sufficient quantities of healthy food and drinks.

People told us, and we saw, that access to a range of health care professionals including chiropodists, opticians and a GP was available and provided when needed. One person said, "A GP and a community nurse came to see me last week." People's health conditions were monitored regularly and where health care support was required we saw that referrals were made in a timely way. A community nurse told us that the manager sought their help and followed advice accordingly. This showed us that people's health care needs were attended to.

Relatives we spoke with were not able to tell us about any formal process for reviewing their family member's care and support needs they had been involved in. However, they did tell us they thought the manager was particularly good at keeping them updated on any changes to care and support. One relative said, "I am here a lot and we are always discussing my [family member's) care needs." This meant that people, their relatives and staff were involved in monitoring people's care.

Requires Improvement

Is the service caring?

Our findings

People told us that the staff were caring and would do anything for them. One person said, "The staff are busy but they really care for me." Another person said, "They're all caring." In the downstairs dining room we saw people being supported with their meals in a caring way. For example, we saw one person who was struggling to eat their meal, and staff responded quickly and sensitively to provide them with appropriate support. Another person said, "Lovely care staff." Another person said, "They look after you here." However, we found inconsistencies in the application of the care people received.

In the unit upstairs for people living with dementia we found that some people were eating their lunch wearing plastic disposable aprons which was not dignified. Another person who was in bed did not have a table available so that they were able to reach their drinks independently. This meant that for some people their dining experience was not as pleasant and dignified as it could have been.

We saw that one person was left without having their walking frame within reach when staff had finished supporting them to sit. On another occasion a person was in bed with their head in an uncomfortable position as staff had failed to lower the head of the bed. This meant that both these people were at put at an increased risk when left alone. On five occasions we saw that staff knocked on people's doors but they did not wait to gain permission before entering. On another occasion staff knocked, entered the person's room but did not explain their reason for being there before leaving. We also witnessed staff offering people their medicines and on two occasions the staff did not inform the person what these were for. This showed us that the care people received did not respect people's privacy and dignity.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People, their relatives or friends were involved in the reviews of the care provided. One person said, "I know I have a care plan but I don't take much notice of it as staff keep it up-to-date. They do tell me what they are doing but I leave it up to them as they know me well." Two relatives told us how they felt involved in their family members care, and were kept informed about their family member's care and treatment, they said, "They keep a record for everything that goes on. I come every day, so I know what's going on."

We found that people's care records were not held securely and confidentially as on seven out of eight separate occasions when we had reason to visit the staff office, we found the door to be unlocked. People were able to wander around the home and visitors were able to access this room. This meant that people's personal care records were accessible and not held securely to keep their information confidential.

This was a breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us that they were regularly asked by staff or managers if there was anything about their care that they were not happy with or if anything needed changing and that their views were acted upon. One person said, "I have family visitors every day. I can go into the garden area and my [family member] also takes me out in my wheelchair. It's my choice."

A relative said, "The manager or nurses always keep us and [family member] informed of any changes in their health or if there is anything we want to change. People were able to lock their door if they wanted this option or they could leave it wide open. One person said, "You can't beat this home. It's good here and the girls (staff) are funny. We have a good joke about things."

We regularly heard staff talking to people in a way which showed that the care was always provided sensitively. Examples included during lunch time downstairs where staff asked if people had everything they needed, offering assistance, speaking quietly and with sensitivity. A relative told us, "I always find my [family member] nice and clean and tidy, and the kind way that the (staff) talk to them. The staff have a great deal of respect for the residents."

Information regarding Independent Mental Capacity Advocacy (IMCA) services were displayed in the home for people who lacked capacity. Staff told us that people or their relatives were able to request general advocacy services if this was required. This meant that people were supported to access advocacy services where they needed someone to 'speak up' for them.

Requires Improvement

Is the service responsive?

Our findings

People who lived at the home told us, and we found from records viewed, that prior to people living in the home, a comprehensive assessment of their needs had been undertaken. This was to ensure that staff were able to meet people's needs.

One person told us, "Since the activities person left there is little to do." A relative said, "There are limited activities for people who are less independent." During our SOFI observation for over one hour in a lounge, staff came in to offer drinks but did not spend time engaging with people in a meaningful way. According to one person's care records, since 6th January 2015 they had only taken part on seven occasions with, "They relaxed in lounge and watched TV." Another person said, "I like going out for walks, watching TV and reading the daily newspapers." Another person said, "The things that are important to me are my music and looking at photographs." Staff told us that there used to be quite a lot going on including Bingo, quizzes, manicures and card games but this had not happened for over a month. Two people in the afternoon said, "We love chatting but miss the activities we used to get since the staff left." A relative said, "Our [family member] used to do lots but now they just seem to read the paper." We could not be assured that stimulation was provided to people with things that were important and meaningful to them.

People's care plans were detailed, individualised and included sufficient guidance for any member of staff to care for the person appropriately. They had been reviewed regularly and changes had been made to people's care where this was required. An example of this included different food options and mobility support equipment to assist people with their movement around the home and outside. One relative said, "We can visit whenever we like. There is always a welcome smile and a cup of tea." A relative told us, "I talked with the staff and Doctors about [family member's medication to have it altered to suit them better."

One person said, "I am an easy going person but if there was something bothering me I would speak to the manager or any staff." A relative said, "If I had to complain I would just speak to [the manager]. I have never had to complain." Staff told us that they were able to voice their opinions at staff meetings and that any concerns were acted upon. One person said, "I know who to talk to if I am unhappy but I have never had to complain about anything."

The provider had up-to-date complaints policies and procedures on display and people were given a service user guide with details of how to complain if they ever needed to. People told us that staff gave them opportunities to raise concerns about their care and action was taken where required. For example, "The manager's alright, they come round every day to talk with you." A relative said, "I am very happy for [family member] and I know who to talk with if I was worried. I don't attend meetings but could if I wanted to." A residents' meeting was booked for the 17 February 2015 and this was advertised throughout the home. Previous meetings had been held but had not been well attended. The provider was taking steps to address this with different methods of communication nearer to the meeting.

Requires Improvement

Is the service well-led?

Our findings

People and relatives we spoke with told us they knew who the manager was or who was in charge and that they saw them frequently. One person said, "I don't know their name but I see them around most days." Staff told us that the manager was always available and walked around the home to talk to people and help staff where needed. We saw the manager around the home, including them meeting a person who had been newly admitted to the service. This was to make sure the right standards were achieved and maintained. All staff we spoke with confirmed this was the case. One person said, "I think it's lovely here, I have no complaints I don't think you would find anywhere better."

Records we looked at and staff we spoke with confirmed that regular checks and audits were completed on people's medicines administration, health and safety, accidents and incidents. The provider used this collated data to identify any potential areas of concern. The regional manager was alerted to any serious concerns by the provider's incident recording system and was able to contact the manager to ensure urgent action was taken when required. Examples of this were the introduction of additional checks to ensure the safe administration of people's prescribed medications.

However, quality assurance checks had not always been effective in ensuring that all people received the care they needed. For example, the checks had not highlighted the fact that people's wound dressings were not being changed as regularly as their care plans stated. Another example was the body map overview for one person which showed the time between dressings being changed had exceeded the recommended seven days for that person. On one occasion the person's care plan indicated that time between dressing changes had been 14 days and on another occasion the time between dressing changes had been 11 days. Although diary entries were recorded that this person's dressings had been changed the care plan had not been updated throughout this period. In addition, the provider was not aware of changes made by the community nurses.

On another occasion another person's wound had increased from, "a small pinhole" to a grade two sore six days later. On a further occasion the timings for the dressing changes had been increased to twice weekly and were carried out as planned. However, the care plan was not followed because the person's dressing was not changed until seven days later. Although this was the responsibility of the community nurse, staff had failed to identify that the timings for wound dressing changes were not adhered to. This meant that although people's healthcare needs were monitored we could not be confident that the issues identified were acted on in a timely manner. This put people at risk of receiving care or treatment that was unsafe or inappropriate.

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

The home did not have a registered manager in post. The previous manager had left in August 2014. The current manager told us they were in the process of applying to the Care Quality Commission (CQC) to become a registered manager.

Since our previous inspection in April 2013 there had been 18 safeguarding concerns and other notifications (A notification is information about important events the provider must tell us about, by law) submitted to the CQC. The manager had taken appropriate action and liaised with all authorities to ensure that action was taken to prevent the potential for recurrence. This showed that where poor practice had been identified or where there were opportunities to improve, prompt action was taken.

Staff meeting minutes showed us that staff were able to raise any suggestions to improve the service and they were supported to maintain a high standard of care. Staff were aware of their roles and responsibilities and how to escalate any issues to the manager or provider if required.

The visiting regional manager and manager told us the key challenges were ensuring they achieved a stable staff base. They told us that all permanent care staff posts had been recruited to and there was an on-going action plan to fill the remaining nursing staff vacancies and to recruit an activities person. One person said, "I think the manager's doing a fine job and knows what's going on well." Another person said, "I have no complaints about how the home is run."

People and relatives were provided with a variety of ways so that they could comment about the quality of the care provided. Relatives told us, "The manager and staff are always checking when we visit how things are for [family

Requires Improvement

Is the service well-led?

member] and if there is anything that they could change or do differently with [family member] . A visitor said, "[Name of person] has improved lots with their independence since moving here and this is all down to the staff team."

The manager and staff told us that they were confident that if ever they identified or suspected poor care standards they would have no hesitation in whistle blowing (whistle-blowing occurs when an employee raises a concern about a dangerous, illegal or improper activity that they become aware of through work). We found that recent whistle-blowing to the CQC had been actioned by the provider in ensuring the safe care of people living at the home. One staff member said, "I have never seen anything to report but I would not hesitate to take action if I needed to." I am sure the manager would listen to my concerns."

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 Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises **Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and Suitability of Premises.** **How the regulation was not being met:** **People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because access to hazardous areas was not managed safely.** **Regulation 15 (1) (c).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care 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.** **How the regulation was not being met:** **People who use services and others were not protected against the risks of receiving care that was not dignified or inappropriate.** **Regulation 9 (1) (b) (ii)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records.** **How the regulation was not being met:** **People's personal records were not held securely.**

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
	Regulation 20 (2) (a).
Accommodation for persons who require nursing or personal care 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. How the regulation was not being met: Audits and checks completed by the provider were not effective in identifying the risk to people's health safety and welfare. Regulation 10 (1) (a) (b).