

Mrs Milijana Kiss

Orchard Lodge Care Home

Inspection report

30-32 Gordon Road
Seaforth
Liverpool
Merseyside
L21 1DW

Tel: 01519209944

Date of inspection visit:
25 July 2016

Date of publication:
01 September 2016

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 

Summary of findings

Overall summary

This unannounced inspection was conducted on 25 July 2016.

Orchard Lodge is a privately owned care home, registered to provide accommodation and care for older people. The home can accommodate 26 people in 20 single bedrooms and three double bedrooms. The property is a large detached house which has been converted for use as a home and is situated in a residential area of Seaforth, Liverpool. At the time of the inspection 21 people were living at the home.

A registered manager was in post. However, the registered manager was not available on the day of the inspection. 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.

At a previous inspection we identified a concern relating to cleanliness, infection control and environmental hazards. During this inspection we saw that improvements had been made. However, we saw that some improvements to the environment had not been completed. For example, the scheduled refurbishment of the kitchen had not been undertaken. We also saw that previously unidentified risks were present in the home.

During the previous inspection we identified a breach of regulation in relation to the safety of the laundry. We looked at the work that had been undertaken following the previous inspection and found that sufficient improvements had been made with regard to the safety of the physical environment and the risk of infection. This breach had been met.

During the previous inspection we identified a breach of regulation in relation to the assessment and management of risk. This breach had been met.

At the last inspection we found that the provider was in breach of regulations relating to good governance. During this inspection we looked at records of provider visits and saw that they had been completed regularly. We were provided with a schedule of improvements for the home which provided basic information and timescales for completion. However, some important improvements had not been completed. For example, according to information provided a planned refurbishment of the kitchen to reduce the risk of infection had not been completed. Additionally, the Merseyside Fire and Rescue Service made a recommendation to replace the fire alarm system in 2015. The provider had included this as part of the schedule of improvements, but had not completed the work.

Fire safety equipment was tested by external contractors annually and by the home on a regular basis. However, the home had not fully implemented recommendations made by the fire service in November 2015. In particular, the home's alarm system had not been upgraded as recommended.

Staff were recruited following a robust procedure and deployed in sufficient numbers to safely meet the needs of people living at the home. The provider based staffing allocation on the completion of a dependency tool.

People's medication was stored and administered in accordance with good practice. A full audit of medicines and records was completed monthly.

Staff were trained in a range of subjects which were relevant to the needs of people living at the home including; infection control, administration of medicines and safeguarding adults. However, not all staff had not been trained in the principles of the Mental Capacity Act 2005 as previously recommended.

The records that we saw demonstrated that the home was operating in accordance with the principles of the MCA. We were told that none of the people currently living at the home had been assessed as lacking capacity. The records that we saw indicated that people's capacity had been assessed as part of the care-planning process. Some people had indicated their consent to care by signing care plans.

Meals were served in a well presented dining room. The food was well presented and nutritionally balanced. People's preferences, allergies and health needs were recorded and used in the preparation of meals, snacks and drinks.

The people that we spoke with had a good understanding of their healthcare needs and were able to contribute to care planning in this area. Each person said that they regularly saw healthcare professionals and attended appointments with the support of relatives and staff.

Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used positive, encouraging language. Staff took time to listen to people and responded to comments and requests.

We spoke with visitors and relatives at various points throughout the inspection. They told us that they were free to visit at any time. People living at the home confirmed that this was the case.

Information regarding compliments and complaints was not clearly displayed. Not all of the people that we spoke with said that they knew what to do if they wanted to make a complaint or what response they could expect.

We asked people and their relatives if they had been involved in their care planning and reviewing care needs. Some people explained how they had been involved and what changes had been made as a result. We saw that some people had signed documents indicating their involvement in the production of care plans.

We saw a schedule of activities for each week which included; skittles, exercise sessions, music, films and quizzes. The home also hired a singer to perform on a regular basis.

A registered manager was in post. However, the registered manager was not available on the day of the inspection. An acting manager was in place. We spoke extensively with the acting manager throughout the inspection.

The home had an extensive set of policies and procedures which, with the exception of the medicines' policy, had not been recently reviewed.

Staff understood what was expected of them, enjoyed their jobs and were motivated to provide good quality care. We saw that staff were relaxed, positive and encouraging in their approach to people throughout the inspection.

You can see what action we told the provider to take at the back of the full version of this report.

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 not adequately protected from the risk of infection.

People were not adequately protected from the risk of exposure to dangerous chemicals.

People living at the home had detailed care plans which included an assessment of personal risk. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses.

Staff were recruited following a robust process and deployed in sufficient numbers to meet the needs of people living at the home.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were trained in topics which were relevant to the needs of the people living at the home. However some staff had not been trained in the Mental Capacity Act 2005 and did not have an understanding of the key principles.

People were provided with a balanced diet and had ready access to food and drinks.

Staff supported people to maintain their health by engaging with external healthcare professionals.

Is the service caring?

Good ●

The service was caring.

We saw that people were treated with kindness and compassion throughout the inspection.

Staff knew each person and their needs and acted in accordance with those needs in a timely manner. People's privacy and dignity were protected by the manner in which care was

delivered.

People were involved in their own care and were supported to be as independent as possible.

Is the service responsive?

The service was not always responsive.

Information regarding compliments and complaints was not clearly displayed. Not all of the people that we spoke with said that they knew what to do if they wanted to make a complaint.

People living at the home and their relatives were involved in the planning and review of care.

The home had a varied programme of activities which were reviewed in conjunction with people living at the home.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The provider had not acted on recommendations received in a timely and effective manner.

The majority of policies and procedures had not been recently reviewed and did not provide staff with up to date information.

The provider had systems in place to monitor safety and quality however some issues and concerns had not been identified.

Requires Improvement ●

Orchard Lodge 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 inspection took place on 25 July 2016 and was unannounced.

The inspection was conducted by an adult social care inspector.

During an inspection in April 2015 we identified breaches of regulation in relation to; the submission of notifications, infection control, environmental hazards, governance, recruitment and consent. At a follow-up inspection in December 2015 we saw that improvements had been made. However, we saw that there was still a lack of consistent and thorough monitoring of the home's environment to ensure that all areas were safely maintained. We also saw that the home's laundry was in need of an upgrade to ensure that it was fit for purpose in relation to safety and infection control. Staff had not received training in the Mental Capacity Act 2005 (MCA) and some did not have an understanding of the key principles. We were also concerned that quality and safety audits were not sufficiently robust to identify some of the shortfalls and improvements needed. The home was in breach of regulations in these areas.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority who provided information. We used all of this information to plan how the inspection should be conducted.

We observed care and support and spoke with people living at the home and the staff. We also spent time looking at records, including four care records, four staff files, medication administration record (MAR) sheets and other records relating to the management of the service. We contacted social care professionals who had involvement with the service to ask for their views.

On the day of the inspection we spoke with four people living at the home and four relatives. We also spoke with the acting manager and three other staff.

Is the service safe?

Our findings

At a previous inspection we identified a concern relating to cleanliness, infection control and environmental hazards. During this inspection we saw that improvements had been made. However, we saw that some improvements to the environment had not been completed. For example, the scheduled refurbishment of the kitchen had not been undertaken. We were shown evidence that hygiene and infection control had been monitored by the manager. The audits completed in recent months showed an improvement in performance and provided evidence that issues had been identified and acted on. We were told that further improvements would be generated as part of the home's refurbishment plan. On the day of the inspection we found the home to be clean and free from strong odours. However, we also saw that a previously unidentified risk was present in the home. One of the ground-floor toilets was located in the same room as a sluice facility. We were told that the sluice was in regular use. It was separated from the toilet by a shower curtain which was not pulled across. Soiled mops were also stored in this area. Used mops should be cleaned and placed on a suitable hook with the handle pointing downwards when stored. In this instance they were placed directly on top of a mop bucket with the handle pointing upwards. The mops were not stored safely in accordance with best-practice guidance. When considered in combination with the proximity of the sluice, this meant that people living at the home and staff were unnecessarily exposed to the risk of contact with infected waste products.

This is a breach of Regulation 12(2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The same room also contained a cupboard for storage hazardous cleaning materials. The door to the cupboard was not locked. This meant that people living at the home had access to dangerous chemicals.

This is a breach of Regulation 12(2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the previous inspection we identified a breach of regulation in relation to the safety of the laundry. We looked at the work that had been undertaken following the previous inspection and found that sufficient improvements had been made with regard to the safety of the physical environment and the risk of infection. This breach had been met.

During the previous inspection we identified a breach of regulation in relation to the assessment and management of risk. At this inspection we looked at a range of risk assessments and specifically at individual risk in relation to fire. We saw that doors were fitted with closure devices and no doors were wedged open. People who smoked used the conservatory which had also been fitted with a door closure device. This breach had been met.

We saw evidence in care records that risk was assessed and regularly reviewed for each person living at the home. Risk was assessed in relation to; nutrition, falls, fire and pressure care. Accidents and incidents were accurately recorded and were subject to assessment to identify patterns and triggers. Records were

sufficiently detailed and included reference to actions taken following accidents and incidents. We saw evidence that staff had changed a care plan and contacted specialists in relation to an increase in the number of falls for one person.

The home had produced a general evacuation plan and had conducted regular fire drills and fire alarm testing. Fire safety equipment was tested by external contractors annually and by the home on a regular basis. However, the home had not fully implemented recommendations made by the fire service in November 2015. In particular, the home's alarm system had not been upgraded as recommended. Other recommendations had been addressed. Essential safety checks, for example, gas safety and electrical safety were completed in accordance with the relevant schedule.

The people that we spoke with and their relatives told us that care was delivered safely. Comments included; "I've no concerns", "Safe, oh yes. There's always carers about" and "I feel safe living here. There's always enough staff."

We saw that staff provided care in a safe manner. Staff were able to explain how they helped keep people safe and made appropriate reference to training, monitoring and safeguarding procedures. We asked people living at the home what they would do if they were being treated unfairly or unkindly. They each said that they would complain to the registered manager or another member of staff. Relatives and visitors also told us that they would speak to the registered manager if they had any concerns. The training records showed that all staff had received recent training in adult safeguarding. Staff knew how to recognise abuse and discrimination.

Staffing numbers were adequate to meet the needs of people living at the home. A minimum of three care staff were deployed on each daytime shift. Additional staff included a cook, a domestic and a maintenance person. The provider based staffing allocation on the completion of a dependency tool. The dependency tool recorded that a significant proportion of the people currently living at the home did not require high levels of direct care.

Staff were recruited following a robust procedure. Staff records contained a minimum of one reference, photographic identification, an application form and an induction checklist. There were Disclosure and Barring Service (DBS) numbers and proof of identification on each file. DBS checks are completed to ensure that new staff are suited to working with vulnerable adults.

People's medication was stored and administered in accordance with good practice. The majority of medicines were provided by a local pharmacy using a recognised blister-pack system. Other medicines were provided in boxed form. We spot-checked Medicine Administration Record (MAR) sheets and stock levels. In each case stock levels were accurate and the MAR sheet completed correctly. Where medicines required refrigeration we saw that the fridge temperature was checked and recorded each day. The temperatures had remained within the correct levels for safe storage.

PRN (as required) medicines were supported by appropriate guidance to ensure that they were administered safely. PRN medicines are those which are only administered when needed for example for pain relief. Some people were supported to self-administer their medicines. In the records that we checked we saw that a risk assessment had been completed and people had signed to confirm their wish to self-administer. A full audit of medicines and records was completed monthly.

We were told that nobody currently living at the home required covert medicines. These are medicines which are hidden in food or drink and are administered in the person's best interest with the agreement of

the prescriber. There were no controlled drugs in use or being stored at the time of the inspection. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation.

Is the service effective?

Our findings

People told us that they felt the staff were competent to deliver their care. A relative said, "Staff have the skills to support . " While another relative told us, "They [staff] seem to be well-trained." One person living at the home said, "From experience I would say staff have the right skills. They know what they're doing." People also told us that they enjoyed the food at Orchard Lodge. Comments included; "The cook is good. We get different food every day and tea and coffee regularly" and "You get a good choice of food here and you can get a drink whenever you want."

Staff were trained in a range of subjects which were relevant to the needs of people living at the home including; infection control, administration of medicines and safeguarding adults. Training was primarily facilitated by external, specialist providers. We saw evidence of training in staff records. A member of staff said, "I'm happy with the training." While another member of staff told us, "I feel well-trained and confident now." The provider did not maintain a record which detailed all training undertaken by staff and any schedule for renewal. This meant that we were unable to establish if staff had been trained in accordance with the home's policy.

Staff told us that they received regular supervision and appraisal from the registered manager. We saw evidence that these meetings had taken place and that important information had been shared. One member of staff said, "I get supervision every three months or so. I feel well-supported."

The home had not recruited any staff recently and so we were unable to assess their compliance with the principles of the Care Certificate (CC). The CC requires new staff to complete a programme of training, be observed in practice and then signed-off as competent by a senior colleague.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection we found that there was a lack of knowledge with some aspects of the MCA and staff had not completed training in this area. We made a recommendation regarding this. During this inspection we looked at records and spoke with staff to establish if their understanding had improved. We saw that the registered manager and senior staff had completed training in the MCA and DoLS. However, other staff lacked knowledge and awareness of the MCA and the implications for the provision of care.

This is a breach of Regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities)

The records that we saw demonstrated that the home was operating in accordance with the principles of the MCA. We were told that none of the people currently living at the home had been assessed as lacking capacity. The records that we saw indicated that people's capacity had been assessed as part of the care-planning process. Some people had indicated their consent to care by signing care plans.

Meals were served in a well presented dining room. The home had achieved a five star rating for food hygiene in January 2016. Tables were laid out with table cloths, matching crockery and cutlery and condiments. The food was well presented and nutritionally balanced. People's preferences, allergies and health needs were recorded and used in the preparation of meals, snacks and drinks. We saw that instructions for the preparation of meals made reference to people's preferences. For example, one list that we saw indicated which people did not like tomatoes with their meal. People spoke positively about the food and the choice that was offered. The home operated a four week rolling menu with a choice for each course. However, the menu was not displayed. People were asked each day about their preference by the cook or a member of the care staff. Each of the people that we spoke with confirmed that they could ask for an alternative. People told us that they were offered plenty of drinks throughout the day. We saw people being offered hot and cold drinks with their meals and throughout the course of the inspection.

The people that we spoke with had a good understanding of their healthcare needs and were able to contribute to care planning in this area. Some people had identified a named relative to communicate with. We asked people if they could see healthcare professionals when necessary. Each person said that they regularly saw healthcare professionals and attended appointments with the support of relatives and staff. One person said, "I see the doctor whenever I need." We saw records of these visits on care files. The home also had access to an electronic system for contacting healthcare professionals for advice.

Is the service caring?

Our findings

People spoke positively about the staff and their approach to the provision of care. One person living at the home said, "I can talk to any of them [staff] when they've got the time. They treat me with respect." While another person told us, "They speak to me nicely. They speak to me throughout the day and at night." A relative said, "Staff have a bit of banter and a laugh and a joke. They're caring people." Another relative commented, "The staff are respectful and caring. [Relative] likes the staff and has a good laugh with them."

Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used positive, encouraging language. Staff took time to listen to people and responded to comments and requests. We saw that staff had time to speak with people as well as completing their care tasks. Staff demonstrated that they knew the people living at the home and accommodated their needs in the provision of care. For example, when we asked staff which people would be most comfortable speaking with us, they were able to explain who would be most comfortable and why.

People living at the home that we spoke with said that they were encouraged and supported to be as independent as possible. One person said, "Staff and the manager have spoken to me about being mobile." Another person told us, "I used to use a walking frame, but I don't use it indoors now." We saw that people declined care at some points during the inspection and that staff respected their views. For example, one person was asked if they wanted to be supported to join-in an activity. They declined, but the staff member reminded them to 'shout-out' if they changed their mind.

People's privacy and dignity were respected throughout the inspection. Care records were stored in a lockable cabinet. The keys were held by a senior member of staff. We saw that staff were attentive to people's need regarding personal care. People living at the home had access to their own room with washing facilities for the provision of personal care if required. The home also had shared bathing and showering facilities. Staff were attentive to people's appearance and supported them to wipe their hands, face and clothing when they had finished their meal. When we spoke with staff they demonstrated that they understood people's right to privacy and the need to maintain dignity in the provision of care. One member of staff told us, "I ask if it's alright [to provide personal care] or if they would prefer another member of staff. It's always doors closed."

We spoke with visitors and relatives at various points throughout the inspection. They told us that they were free to visit at any time. People living at the home confirmed that this was the case. One person commented, "I get visitors from my church. They can come whenever they want." Relatives made use of the communal areas, but could also access people's bedrooms for greater privacy. A relative said, "I can visit at any time. Sometimes I come very early or after work."

The home had information about independent advocacy services. However, we were told that none of the people currently living at the home were making use of the services. We saw from care records that people were able to advocate for themselves or had nominated a family member to act on their behalf.

Is the service responsive?

Our findings

Information regarding compliments and complaints was not clearly displayed. Not all of the people that we spoke with said that they knew what to do if they wanted to make a complaint or what response they could expect. One relative said, "I'm not sure how to complain, but I'd speak to someone." The staff that we spoke with knew who to contact if they received a complaint. A record of complaints received could not be located on the day of the inspection. This meant that the acting manager could not be certain if any complaints remained outstanding. Providers are required to establish and operate effectively an accessible system for receiving and processing complaints.

This is a breach of Regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people and their relatives if they had been involved in their care planning and reviewing care needs. Some people explained how they had been involved and what changes had been made as a result. We saw that some people had signed documents indicating their involvement in the production of care plans. One person told us, "They [staff] talk to me about different food or activities." A member of staff said, "We sit down with people and read through their care plans. Some people sign or their families sign." We saw that care had been reviewed regularly. However, it was not clear from care records who had been present when care needs had been reviewed. We spoke with the acting manager about this who said that they would encourage staff to record who was present at review meetings in the future.

All of the people living at the home that we spoke with told us they received care that was personalised to their needs. People's rooms were filled with personal items and family photographs. We saw from care records that some people's personal histories and preferences were recorded. We saw that staff used personal knowledge in conversations with people. For example, one member of staff talked about a person's previous job.

We observed that care was not provided routinely or according to a strict timetable. Staff were able to respond to people's needs and provided care as it was required. We asked people living at the home if they had a choice about who provides their care. None of the people that we spoke with expressed concern about their choice of carers.

The home distributed questionnaires to people living at the home, their relatives and visiting healthcare professionals. Records indicated that people had been asked for their views on redecoration, menus, activities and the quality of care. An analysis of the forms indicated a high-level of satisfaction. However, comments were recorded about concerns relating to social activities and relationships with other people living at the home. We asked staff about these concerns and what action had been taken. We were told that the information about relationships had been shared with staff to assist them in monitoring risk. We were also told that more inclusive activities had been introduced to try and encourage social interaction. For example, three people spoke about how much they enjoyed an interactive, group card game.

We saw a schedule of activities for each week which included; skittles, exercise sessions, music, films and quizzes. The home also hired a singer to perform on a regular basis. On the day of the inspection people were playing quoits in the main lounge. A staff member was available to facilitate the activity. We saw that people joined in throughout the session. Staff were honest about the difficulty they had in motivating some people to join-in the activities. Some of the people that we spoke with said that they preferred to relax and chat.

Is the service well-led?

Our findings

A registered manager was in post. However, the registered manager was not available on the day of the inspection. An acting manager was in place. We spoke extensively with the acting manager throughout the inspection.

At the last inspection we found that the provider was in breach of regulations relating to good governance. Specifically, the provider had not provided the registered manager with important information about planned developments or from quality audits. During this inspection we looked at records of provider visits and saw that they had been completed regularly. We were provided with a schedule of improvements for the home which included basic information and timescales for completion. However, some important improvements had not been completed. For example, according to information provided a planned refurbishment of the kitchen to reduce the risk of infection had not been completed. Additionally, the Merseyside Fire and Rescue Service made a recommendation to replace the fire alarm system in 2015. The provider had included this as part of the schedule of improvements, but had not completed the work. We spoke with a representative of the fire service and were told that they were unaware that the recommendation had not been addressed. We spoke with the acting manager who told us that they delay had been caused by the cost of making the change and discussions with contractors over the specifications relating to wiring of a replacement system. The acting manager confirmed that the fire alarm system would be updated in due course, but a date for the installation was not available at the time of the inspection.

The home had an extensive set of policies and procedures which, with the exception of the medicines' policy, had not been recently reviewed. Policies included; adult safeguarding, MCA and person-centred care. Policies were detailed and offered staff guidance regarding expectations, standards and important information. However, some of the information referenced within the policies was out of date. For example, there was repeated reference to a previous set of regulations and standards. The failure to review the policies and procedures meant that the provider could not be certain that they provided staff with accurate, safe information and guidance which was in-line with current best-practice.

We also found that the home had failed to respond adequately to recommendations made following the previous inspection in relation to infection control, the MCA 2005 and audit processes.

This is a breach of Regulation 17(2) (b) & (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting manager dealt with the questions and issues arising out of the inspection process openly and honestly. They were able to provide some information and evidence on request. However, some important information, for example, relating to staff training and complaints was not available. The provider conducted regular visits and audits. However the processes had failed to identify some significant issues and concerns.

People spoke positively about the registered manager and the quality of communication. One person living

at the home said, "[registered manager] is very good." While another commented, "We don't have resident meetings, but they keep me well-informed." One relative said, "I'm kept well-informed."

Staff understood what was expected of them, enjoyed their jobs and were motivated to provide good quality care. We saw that staff were relaxed, positive and encouraging in their approach to people throughout the inspection. One member of staff said, "We have a good rapport. We have a laugh with the residents. It's a very happy home." While another member of staff told us, "We have a laugh. You've got to get the banter going. It's a friendly place."

The home maintained records of notifications to the Care Quality Commission and safeguarding referrals to the local authority. Each record was detailed and recorded outcomes where appropriate.

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 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>People who use services and others were not protected against the risks associated with infection because high-risk equipment was stored in a shared toilet. Regulation 12 (2)(h).</p> <p>People were not protected from the risk of exposure to dangerous chemicals because a storage cupboard was not locked. Regulation 12 (2)(d).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider was not operating an effective and accessible complaints procedure. Regulation 16 (2).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to act on recommendations from the fire service and the commission without good reason and had not provided staff with sufficient guidance through its policies and procedures. Regulation 17 (2)(b) & (d).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

Staff were not adequately trained to provide safe, effective care because the provider had not facilitated training in the Mental Capacity Act 2005 as previously recommended. Regulation 18 (2)(a).