

Kensington Care Limited

# Milton Lodge Residential Care Home

## Inspection report

32 Milton Road, Charminster, Bournemouth, BH8  
8LP

Tel:: 01202 556873

Website:kensington4care@yahoo.co.uk

Date of inspection visit: 14 and 15 January 2015

Date of publication: 28/07/2015

### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

Milton Lodge is registered to accommodate and provide personal care for up to 18 people. The home aims to meet the needs of older people, including those living with dementia. At the time of this inspection there were 17 people living at the home.

There was a registered manager at the home at the time 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 and associated Regulations about how the service is run.

This was an unannounced inspection carried out over two days on 14 and 15 January 2015.

People or their representatives felt that the home provided a safe service. Steps had been taken to keep people free from harm in most respects. However, at this inspection, we found a number of breaches of the Health

# Summary of findings

and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to regulation the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

The registered manager needed to improve the systems when people required monitoring of fluid intake or repositioning. Personal evacuation plans were also not in place in the event of an emergency. You can see what action we told the provider to take at the back of the full version of the report.

Overall, there were robust recruitment procedures in place but there was an instance where a member of staff had been recruited where robust checks had not been followed. You can see what action we told the provider to take at the back of the full version of the report.

Staff were aware of their responsibility to protect people from harm or abuse. They had been trained and were aware of the action they should take if they suspected abuse or ill treatment.

New staff completed induction training to equip them with the skills and knowledge to meet people's needs.

There were sufficient numbers of staff on duty to meet people's needs.

People or their representatives had been included in planning how care and treatment was provided through assessment of needs.

People's legal rights were fully protected because legal requirements of the Deprivation of Liberty Safeguards (DoLS) had been followed. The provider had complied with the requirements of the Mental Capacity Act 2005.

There was a safe system in place for the administration, recording, and storage of medicines.

People's nutritional needs were met and there were systems in place to make sure people had enough to drink, although improvements were required in monitoring and taking action, when required, in respect of fluid monitoring and repositioning of people.

Staff received regular training and were knowledgeable about their roles and responsibilities. The staff knew people they were supporting well and supported people to maintain their independence.

Staff were caring and met people's needs, respecting their privacy and dignity. The staff were also knowledgeable about people and how to meet their needs.

Care planning was person centred and people were treated by staff as individuals. However, some people's care plans were not up to date and there were increased risks that people's needs might not be met. You can see what action we told the provider to take at the back of the full version of the report.

Relatives were welcome to visit at any time without restrictions. At the time of the inspection there was a vacancy for an activities coordinator. The staff were doing their best to provide some activities at quieter times of the day.

There were complaint procedures in place and any complaints made had been investigated and responded to.

There was a good morale amongst the staff team but improvements were required with respect to the management of the home with respect to record keeping and quality assurance.

# 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?

People were not fully protected from risks to their safety.

Risk assessments had been completed to minimise accidents, incidents and make people's care safe.

Staff were trained in safeguarding adults, and knew what action to take if they suspected that anyone was at risk of harm.

There were sufficient staff employed at the home to meet people's needs.

Overall, there were robust recruitment procedures being followed; although there was one occurrence of a member of staff being employed before all the required checks had been carried out.

Medicines were managed safely.

Requires Improvement



### Is the service effective?

Aspects of the service provided were not effective.

Some areas of the communal areas could not be maintained at a safe temperature and some areas of the home required redecoration or refurbishment.

Timely referrals had not always been made to meet people's healthcare needs.

The service was meeting the requirements of the Mental Capacity Act 2005 and appropriate consent had been obtained for providing people's care.

People were provided with enough to eat and drink.

Requires Improvement



### Is the service caring?

The service was caring.

The staff were kind and caring and people were treated with warmth and compassion.

Care staff knew people well and noticed when they might need assistance. They responded promptly to people's requests for help and supported them in an unhurried way.

Good



### Is the service responsive?

The service was not wholly responsive to people's needs as care planning and records were not all up to date.

People's care was planned to meet people's personal needs; however, there had been a failure to make sure identified actions had always been carried out.

People's concerns and complaints were listened to and taken seriously.

Requires Improvement



# Summary of findings

## Is the service well-led?

The home was well-led with a good morale amongst the staff. However, the registered manager had not kept on top of managerial tasks, such as monitoring the quality of service provision and record keeping.

There was an open and transparent culture.

**Requires Improvement**



# Milton Lodge Residential 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

This inspection took place on 14 and 15 January 2015 and was unannounced. The inspection was carried out by one inspector.

We spoke with the registered manager, five members of staff (two of whom we spoke with in depth) and a visiting relative. We met everyone who lived at the home and spoke with five people; however, as people were living with a diagnosis of dementia they were not able to give us a detailed account about their experience of life in the home. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at two people's care and support records in depth, a sample of monitoring records, medication administration records and documents relating to the management of the home. These included staffing records, audits, minutes of meetings, maintenance records, training records and recruitment records for four staff.

Before our inspection, we reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law. We also liaised with the local social services department and received feedback from district nurses about the service provided to people at the home.

A Provider Information Return (PIR) had not been requested for this inspection, as it was brought forward because of concerns. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

# Is the service safe?

## Our findings

The majority of the people living at Milton Lodge were not able to tell us about whether they felt safe and secure at Milton Lodge. Discussions we had with people who were able to tell us a little about their experience of the home did not indicate that they were fearful or felt unsafe. Interactions between staff and people were positive.

We identified some areas of concern that potentially threatened the safety of people and required improvement.

We pathway-tracked the care of two people to evaluate how risks were identified and steps taken to reduce these. Pathway tracking involved looking at people's records, speaking with them (if possible) and speaking with staff about the person's care. The provider had a system in place to assess risks associated with people's health conditions and in the delivery of care. Risk assessments were in place for topics such as falls, nutrition and pressure area care. However, there was a failure to regularly review, and update risk assessments in response to changes in people's needs.

There was a "Business Continuity and Emergency Plan" in place that set out procedures to be followed in such emergencies as electrical power failure, fire or loss of heating. However, personal evacuation plans had not been completed for people, which meant that in the event of fire or emergency there was a risk that staff would not know how to intervene in the safest way possible. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 (3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had not put plans in place to ensure that staff could support people in the event of an emergency.

There were robust systems in place for the recruitment of new members of staff and generally, these were being followed. However, the registered manager was very open with us when we asked to see the recruitment records. They told us that a mistake had been made and the last member of staff to be recruited had started working in the home before a DBS Adult First check had been returned; this is a check against the register of people barred from working with people in a care setting, such as a care home. This could have meant that a person barred from working

in a care home was not prevented from doing so. Apart from this error, all other requirements had been carried out and records were in place. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the registered manager confirmed that the DBS Adult First check had been returned.

Overall, the provider had employed enough staff to meet assessed staffing levels and sufficient staff were rostered each day to meet people's needs. Staff told us there were enough staff available on each shift and the manager was also available to give additional help if required. Staff stated they had enough time to do their jobs safely and effectively and could spend time chatting and supporting the people without feeling rushed. At the time of our inspection, many of the staff and people had succumbed to a winter cold/flu virus and on both days of the inspection the home was short of one member of staff. The registered manager had tried to backfill with agency staff but at short notice they had been unable to provide staffing. Staffing rosters we looked at showed that generally the following staffing levels were being maintained: between 8am and 2pm, four care staff; between 2pm and 8pm, three or four care staff; during the night time period two care staff. In addition, cooks, cleaners and activities staff were employed. At the time of inspection, there were vacancies for a part time cleaner and a member of the night staff team.

Staff were knowledgeable about what constituted abuse and knew how to report suspected or actual abuse to the local social services. They had completed training in safeguarding adults and were aware of the provider's policy for safeguarding people who lived in the home. Training records confirmed that staff had completed safeguarding adults training courses and received refresher training when required. The registered manager was working with the local authority safeguarding team at the time of this inspection to investigate concerns that had been raised.

The registered manager showed us the system they had put in place to monitor accidents and incidents in the home. Action was being taken to have a fire door fitted with an automatic closure mechanism so that it remained open

## Is the service safe?

except when the fire alarm system was set off. This had been put in place following an accident involving a person living at the home as a measure to reduce the risk of such an event recurring.

There was a safe system in place for the administration, recording, and storage of medicines. The most recent medication administration records showed that people had their medicines administered as prescribed by their GP.

Staff were very supportive in administering medicines. Staff were knowledgeable about how people liked to take their medicines and explained what the medicines were for before giving them to people. Staff waited patiently while people took their medicines and did not rush them.

At the inspection in June 2013 we found that a Legionella test had not been completed, although it was completed shortly after that inspection. Legionella are water borne bacteria that can cause serious illness. Health and safety regulations require persons responsible for premises to identify, assess, manage and prevent and control risks and to keep the correct records. At this inspection records showed a full water system Legionella test, and risk assessment had been completed on the premises by a registered independent contractor during September and October 2014.

# Is the service effective?

## Our findings

The registered manager took us for a tour of the premises. We identified the following areas that fell below standards and had not been identified by the registered manager and provider.

Before the inspection we liaised with the local authority contract monitoring department. They informed us that concerns had repeatedly been raised about maintaining a safe temperature in the conservatory, an integral part of the communal area provided for people. On 15 January 2015, together with the registered manager we monitored the temperature in the conservatory. The radiator throughout this time was set on maximum but the temperature in this room ranged from 11C to a maximum of 17C, below Public Health England's recommendations.

People were not able to lock their bedroom door if they chose. They also did not have a lockable facility in their room to store items of value. Some bedrooms were not provided with a vanity unit for storing toiletries. In one person's room, blinds were provided covering patio doors that led to the garden; however, these afforded little privacy particularly as there was a commode in use in this room. There was also a trailing extension lead that constituted a trip hazard and the carpet required cleaning.

In general the decoration of the whole premises was poor and was not commensurate with the standards of care provided. This view was fed back through complaints made by relatives. A complaint in May 2014 recorded that, 'The interior of the home is tired and appeared to be lacking home comforts'. At the front of the home an old car was parked on the driveway. Another relative had complained in May 2014 about, '...the grounds and gardens and the old car being unsightly'. The registered manager told us the complainant had been told that the car would be removed. Action had been taken to tidy up the garden but the car had not been removed. We also noted that the analysis of returned quality assurance questionnaires from staff and relatives all felt that the home could benefit from redecoration and new furnishings.

These issues were a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the premises had not been adequately maintained.

The registered manager told us about a refurbishment programme in place with the following items to be replaced: 13 new adjustable tables, two chest of drawers, one new wardrobe and 20 sets of bed linen.

Records of visits from chiropodists were poorly maintained. One person's file recorded that they had last been seen by a chiropodist in February 2014. When we discussed this with the registered manager they were not able to tell us when this last person saw a chiropodist and whether regular appointments were in place. This could have led to people not receiving chiropody they required.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as there were not effective systems in place to ensure that people always received support to access the healthcare services they required to meet their needs.

With regard to other healthcare needs, district nurse referrals were made when required. People were registered with a local GP and appointments were made when people became unwell.

Staff told us that they had received all the training they needed for them to carry out their role. They said the registered manager had a system in place to both remind and plan for core and updates in training. The staff told us they had received training in the Mental Capacity Act 2005, safeguarding adults and dementia awareness.

There was training planned later in the month for pressure care, medication administration and fire safety. In February and March 2015 training had been arranged for safeguarding adults, infection control and food safety.

Before staff started working at the home they had received induction training using the "Skills for Care Common Induction Standards" (CIS) programme. CIS are the standards employees working in adult social care should meet before they can safely work unsupervised. Staff told us that the induction training had been effective in preparing them to work at the home.

## Is the service effective?

The staff told us they had one to one meetings with the registered manager but that these were not always at the frequency of every eight weeks as detailed in the home's supervision policy. Despite this, they said they felt supported by the registered manager. They said the registered manager was always available should they need guidance or assistance. The registered manager also often worked 'on the floor' and gave on the spot supervision of staff performance. The staff told us that they had an annual appraisal each year to review their performance and career development.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. The registered manager was aware of how to obtain support and guidance from the local authority regarding applications to deprive a person of their liberty and applications had been submitted for everyone who fell under the DoLS criteria.

Staff demonstrated a good knowledge and understanding of the Mental Capacity Act 2005. People's capacity to make their own choices and decisions was considered in care assessments so staff knew the level of support people needed in making decisions for themselves.

Throughout the inspection we saw people were given choices in the way they wanted to be supported. For example, staff asked people where they would like to sit, whether they would like to join in with the activities and explained what their medicines were for before prompting them to take them.

Where people did not have the capacity to make specific decisions, the registered manager involved their family or representatives as required to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. We noted within one person's notes that a relative had a power of attorney; however, it did not reference whether this was for finance or care and welfare. The registered manager agreed to clarify this. Care records did not all contain details of lasting powers of attorney or other legal authority that people's representatives had to give consent on people's behalf. This meant there was a risk people might receive care or treatment to which they or their representative had not consented.

People's dietary needs had been assessed and their likes and dislikes were recorded and catered for. We joined people for lunch on one day of the inspection and saw that people's likes and dietary needs were met. One person did not eat the meal they had chosen, so were offered the alternative meal. When they chose not to have this they were offered other choices and staff were able to encourage the person to eat.

Staff maintained records of what people had eaten and people were weighed monthly. Records of people's weight were in place although the records were difficult to retrieve as they were not recorded on one place.

Concerning two people who had lost weight, records showed that this had been followed up with a referral to a dietician. Another person had been admitted from their home because they were at risk of malnourishment and could no longer be supported in their own home. Their relative told us how this person was now eating better and how their overall welfare had improved.

# Is the service caring?

## Our findings

People told us that the staff were “nice” and “very helpful” but were not able to tell us much about the care they received owing to their living with dementia. Throughout the inspection we saw good relationships between people and staff. Staff were sympathetic with people who expressed confusion by explaining positively their circumstances and encouraging them.

A person told us about a good example of the care shown by staff. They told us of how they enjoyed and looked forward to visits from one staff member who brought in their young child to see people. On the second day of the inspection the staff member visited the home with their child, which was clearly much appreciated by some people.

The relative we spoke with, who had some concerns about the home, told us, “However, I can’t fault the care that has been provided”. They also told us that they could visit whenever they wished and were made welcome by the staff.

Staff we spoke with were knowledgeable about people’s care needs and how people should be supported. Relatives had provided information, seen in people’s care plans, about people’s life histories. One staff member chatted with one person about their working life, clearly knowing what was important to that person.

One person, whose care plan indicated they could be challenging when being offered assistance with personal care needs, became agitated. Another member of staff came to assist the person instead, as they had a good relationship with the person. The person then accepted the assistance they needed.

The home employed two activities co-ordinators and group activities with people were taking place on both days of the inspection. People were able to choose whether to join in or not and those that did enjoyed the activity.

Some people spent the majority of their time in their bedroom. We saw that staff went in to check and talk with them, to see that they were okay. One person with advanced dementia enjoyed the comfort of a soft toy that was given to them.

Staff knocked on people’s doors before entering and made sure the door was closed if personal care was being given.

Within people’s care plans the times that they wished to be got up and go to bed were recorded. We noted that people these preferences were being followed as some people were up when we arrived and some were still able to stay in bed until later in the day.

# Is the service responsive?

## Our findings

The people able to tell us about their experience of the home were happy with the way that staff supported them. However we found that staff did not always respond to changes in people's needs.

Each day staff completed a record of what each person had had to eat and drink. Where a risk was identified that a person was not having enough to eat or drink, more detailed and thorough monitoring records were put in place. One person whose care we looked at in depth was having their fluid intake monitored as they had been identified as at risk of not having enough to drink. The person often developed urinary tract infections, had a catheter in situ and also had some pressure ulceration on their heels. The fluid monitoring records showed that the person had a low fluid intake over the previous week; however, this had not been picked up for further action to ensure they received enough to drink.

Two other people were being repositioned to minimise the risk of skin ulceration. There were gaps in records indicating that these people were not being re-positioned to the frequency specified in their care plan. This failure had not been picked up for action to be taken.

The above were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as staff did not always take action to ensure that the care provided continued to meet people's changing needs.

Before people moved into the home, the registered manager had met with the person or their representative to carry out a pre-admission assessment of the person's needs. This procedure made sure that the people were only admitted to the home if their needs could be met. Where people were funded through the local authority, the registered manager obtained a copy of the care manager's assessment of need.

Once a person was admitted to Milton Lodge, more detailed assessments had been carried out about people's needs. Care plans had then been developed with the person or their representative to inform the staff about how

to care for that person. The main detailed care plan was kept in the office but a shortened summary care plan was also kept in the person's room and provided a quick reference to a person's basic care needs.

People's care plans gave information about how they preferred to dress, their religion, what they preferred to eat and what was important to them. In addition there was guidance on health care issues such as: skin integrity, mobility and falls, behaviour management, weight and nutrition. This meant staff had information to enable them to provide care in a way that was individual to each person.

The care plan for one person we looked at in depth had not been reviewed in the last month. The needs of the person had changed but the plan had not been updated to reflect this. For example, the person's continence care plan had not been updated to reflect that the person now had a catheter in situ and referred to the person needing to be taken to the toilet regularly. A mental capacity assessment for the person dated in June 2014 had a note attached requesting that the staff request that the relative sign the form when they next visited. A falls risk assessment that was being reviewed and updated each month had not been completed since October 2014. The person's Malnutrition Universal Screening Tool (MUST) had not been updated since 4 November 2014. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as the assessment and plan of care had not been reviewed or updated to reflect changes in the person's needs.

The care plan for the other person whose care plan we looked at in depth was up to date with entries and dates recorded when the person's needs had changed. The whole care plan had also been reviewed in December 2014 to check that it was up to date. We also discussed the needs of the person with staff and the plan reflected the support and care the person needed as described by the staff member.

Some people had been assessed as needing specialist equipment to meet aspects of their care needs, such as pressure relieving equipment. Although we found that some people were not being weighed each month as directed through care planning, the people we pathway tracked who had been provided with air mattresses because of the risk of developing skin ulceration, were weighed each month. We found that their air mattresses were set to the correct setting for their body weight.

## Is the service responsive?

The provider had a complaints process in place. Information giving guidance on how to complain was clearly displayed at the entrance to the home for people to read. Relatives and people had been reminded of how to make a complaint at the relatives meeting held in May 2014. The provider's complaints policy informed that complaints would be acknowledged, responded to in a

timely manner and the outcome communicated to all parties. The registered manager showed the log of complaints made about the home that also recorded actions if these were taken in response to the complaint. We saw that complaints had been taken seriously and people responded to.

# Is the service well-led?

## Our findings

Staff and relatives provided positive feedback on the management and leadership of the service. However during this inspection we identified that improvements were needed.

Records were stored in the home's small office situated in the centre of the building. There were files stacked in piles as there was not enough shelving. The registered manager was, however, able to locate records when these were requested and knew where things were. The registered manager was open with us, informing us at the outset that some records were out of date, and that some quality monitoring systems were not up to date as well as staff supervision. They told us that when they had taken up their role as manager there had also been a deputy position, which had since been deleted. The registered manager's opinion was that there was not enough managerial support and that either the re-instatement of the deputy position or a person to assist in managerial administration was needed to keep on top of management functions.

Care records were not up to date, and had not been completed fully. One person's care plan and risk assessments were not up to date and so did not reflect how staff should be supporting the person now that their needs had changed. Some repositioning and fluid monitoring charts had not been completed and kept up to date. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people were at risk of receiving inappropriate or unsuitable care, because records had not been appropriately maintained.

As most of the people at the home were living with dementia it was difficult for them to contribute to suggestions about improvements. Some systems had been put in place to try and gain views of people who lived at the home. A Residents/Relatives meeting was held in May 2014 with four relatives and 11 people living at the home attending. Feedback was positive with the staff being praised for the "brilliant" job they had done. Relatives had

also been asked to complete quality assurance questionnaires in August 2014 and results analysed and collated. Actions required had been identified and a date of April 2015 set to review the outcomes.

Staff were actively involved in developing the service. Minutes of staff meetings showed that changes in working practice to better meet people's needs were discussed. Staff were also able to make suggestions and requests and these were documented.

The staff told us that there was a very good morale amongst the staff team and that they felt they all "pulled together" with the focus on meeting people's needs. They said the registered manager would not ask them to do anything which they themselves were not prepared to do and that if another pair of hands was needed, the registered manager would always assist. Staff told us that both the registered manager and the registered provider were approachable and that they felt comfortable in raising issues of concern. They were also aware of how to whistle blow.

The registered manager had sent notifications as required for incidents occurring at the home.

There was a friendly, open and honest culture at the home and staff cared for people with genuine affection and knew them all well. There was a stable staff team who worked very well together as a team and supported each other calmly and effectively. Staff had confidence in the management team.

The registered manager had plans in place for improvement of the service. For example, the registered manager had worked with health colleagues in improving infection control systems within the home and there was an action plan in progress to carry out infection control audits and remedial work. This was yet to be completed.

The registered manager carried out a system of on-going assessments to monitor the quality of the service provided. These included: equipment, premises and maintenance checks, menu sampling, housekeeping and care plan reviews.

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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Personal evacuation plans had not been put in place to protect people in the event of an emergency and staff did not always respond to changing needs of people.

Regulation 9 (3) (b)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

People were not protected against the risks associated with unsafe or unsuitable premises, by means of suitable design and layout as not all areas of the home could be maintained at a safe temperature.

Regulation 15

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Service users were not protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of maintaining accurate records that include appropriate information and documents in relation to the care and treatment provided.

Regulation 17 (2) (c)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

## Action we have told the provider to take

The registered manager did not ensure that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying on a regulated activity, and such other information as is appropriate.

Regulation 19

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.