

# Voyage 1 Limited

# Grange House

## Inspection Report

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# Summary of findings

## Overall summary

Grange House is a care home providing accommodation and care for up to five adults with a learning disability. There were three adults using the service at the time of our visit.

People who used the service did not communicate verbally. We observed people's behaviour and their body language and gestures during our visit which indicated that they were comfortable in the presence of staff.

People were not always safe. Some staff lacked the skill to communicate well with people as they had difficulty understanding and speaking English and some staff were not adequately trained and supported. We found the location was not meeting the requirements of the Deprivation of Liberty Safeguards as some restrictions were being placed on people's movements without obtaining the necessary approvals. People's human rights were therefore not being properly recognised, respected and promoted. Some people's records were not adequately maintained.

People were involved in some decisions about their care and support. Staff understood most people's care and support needs and were kind and respectful towards people. Choices were given in people's immediate care. However people were not asked for their views about some aspects of their care or the service as a whole. Advocacy services were not available to people who did not have representatives. Professionals and community services were involved in people's care.

The provider identified some risks to people but did not always respond appropriately to those risks.

Some audits of the service had been carried out. However improvements identified had not been made within the provider's timetable.

The problems we found breached seven health and social care regulations. 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.

### **Are services safe?**

Staff knew how to recognise and respond appropriately to incidents or allegations of bullying, harassment, avoidable harm, abuse or breaches in people's human rights. However, staff were not clear what information they should have with them when accompanying people outside of the service which meant that people could be at risk.

The premises were in good condition.

Records showed that incidents and accidents were logged and reviewed however some did not include actions taken by the provider as a result of the incident. There were some gaps in people's records. This meant that people could be at risk from risks not being correctly identified or acted upon by the provider.

There were mostly good staff recruitment practices in place. However applicant's communication skills were not adequately assessed. We found that some staff had difficulty speaking and understanding English which meant that people could be at risk.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found that Grange House was not meeting the requirements of the Deprivation of Liberty Safeguards. People using the service were found to be subject to a number of significant restrictions on their liberty, and an application under the Deprivation of Liberty Safeguards have not been considered. People's human rights were therefore not being properly recognised, respected and promoted.

### **Are services effective?**

People's needs had been assessed and staff mostly understood people's care needs.

Staff used various methods to communicate with people as people did not communicate verbally. Choices were given in people's care however people were not communicated with or involved in choices about the service as a whole.

People significant to the person were involved with some people's care. However those people who did not have people to represent them did not have access to independent representatives. Other professional were involved in people's care. Following our visit we were told people had access to an advocacy service.

# Summary of findings

We saw that most of the staff training, appraisals and supervisions were up to date, however some staff were not supervised and induction records showed that some staff had not received full induction and the knowledge to provide care effectively.

## **Are services caring?**

Staff were caring when responding to people's requests. Staff told us the personal preferences of each person. One care worker told us 'one person likes trains and any moving objects, another likes walking long distance, another likes tidying up and being clean'. However staff were not aware of people's needs with regard to their age, sexuality or gender.

We saw that staff were careful and respectful when they communicated with people. We saw that people appeared calm, interested in their surroundings and were given time to respond to staff communications.

## **Are services responsive to people's needs?**

People who used the service did not communicate verbally. Some people's records did not include capacity assessments. People were supported to make immediate decisions. However we did not find any evidence that methods as stated in the provider's policy to assist people who did not communicate verbally had been used with assessing people's capacity, care planning, participating in making decisions or to raise concerns. Some staff were not aware of the requirements of the Mental Capacity Act 2005.

People participated in activities and were enabled to maintain relationships. Records showed that one person's activities had been increased in response to concerns raised by a relative.

## **Are services well-led?**

The registered manager and operations manager had been recently appointed to the service. The registered manager was registered for two of the provider's services and we were told a deputy would be present to cover their absence from the location.

Staff told us of improvements that had been made to the service which included more activities for people and redecoration.

Incidents and accidents were individually investigated and monitored. However records did not show how the provider learned from them to make improvements.

At the time of our visit there were some quality checks in place which had not been acted upon. The manager and operations manager had identified improvements that were needed to the service and the need for an improvement plan.

# Summary of findings

People and their representatives were not regularly asked for their views on the service to enable the provider to come to an informed view on the standard of care.

# Summary of findings

## What people who use the service and those that matter to them say

People who use the service were not able to communicate with us verbally. People communicated with staff using gestures and pointing regarding their wishes and in response to staff questions regarding their needs. We observed three people who used the service and their behaviour, body language and gestures indicated that they were comfortable in the presence of staff.

Recent records showed that one relative who was involved with one person's care had no concerns and was

happy with the service provided to the person, especially the improvement in activities. This person's daily activity record stated "Had a meal out after bowling and seemed happy." We asked the manager to contact people significant to those using the service to establish if we could speak with them but we did not receive a response at the time of writing this report.

There were no surveys of service users, people significant to the people using the service, other professionals or staff concerning the needs of service users.

# Grange HouseGrange House

## Detailed findings

### Background to this inspection

The inspection team included a lead inspector and an expert by experience of learning disability services. This is a person who has personal experience of using or caring for someone who uses this type of care service.

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before the inspection we reviewed the information we held about the service including previous inspection reports. We asked the provider to complete an information return. We visited the service on 1 April 2014. This was an unannounced inspection.

There were three people using the service on the day of our visit. We were unable to speak with people who used the

service as they did not communicate verbally. However we observed people who used the service throughout the day and also using the Short Observational Framework for Inspection (SOFI) during lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. During and following the visit we asked the registered manager to contact relatives to ask if they would speak with us but we did not receive the contact information at the time of writing this report.

We toured the premises and looked at the personal care or treatment records of two people. During and following the visit we looked at the provider's records including policies, procedures and audits of the service and information we had requested from the provider

We spoke with the registered manager and the provider's operations manager who were both new to the service and to three staff. We looked at two staff records.

# Are services safe?

## Our findings

People were not protected from avoidable harm as suitable arrangements were not in place to prevent control or restraint being excessive. This was a breach of the relevant legal requirement (Regulation 11). The action we have told the provider to take can be found at the back of this report.

The manager told us that there were no Deprivation of Liberty Safeguards (DoLS) in place whereby people's movements were restricted. However we saw a keypad lock was on the front entrance and kitchen doors. One person's records we reviewed showed that they were at risk from absconding and their risk assessment showed they must be accompanied by two people when outside of the service. However the risk assessment did not include placing keypad locks on external or internal doors and limiting the movements of all people using the service. We discussed this with the manager who told us they would review the use of keypads and discuss this with the DoLS supervising body. Records showed that staff had not received mental capacity training. The provider information return showed that staff training in Mental Capacity Act (2005) and DoLS was being scheduled for staff. Restrictive practices were in place, however they were being reviewed and training was being scheduled to assist staff in dealing with restrictive practices appropriately.

Most staff had received non-violent crisis intervention training. Staff told us the steps they would take to support people when their behaviour became challenging. This included removing a person from a situation or separating people where there was a risk to the people themselves or others. This showed that arrangements had been made for staff to acquire skills to deal with people's behaviour that became challenging and to reduce the risks to people and others.

Records showed the possible side effects of people's medication. The registered manager and staff told us they were aware of these side effects, would identify them by changes in people's behaviour and report any changes.

People were protected against the risks of abuse as steps were being taken to respond to allegations of abuse. People's body language during our visit indicated that they appeared to be relaxed and felt safe in the presence of staff. Staff knew how to recognise and respond appropriately to incidents or allegations of bullying, harassment, avoidable

harm, abuse or breaches in people's human rights. Most staff were aware of the provider's safeguarding and whistleblowing policies and procedures. Staff told us they would report initially to their manager, key staff and external agencies where appropriate. However we spoke with one care worker whose records showed they had completed their induction training but they were unaware of the whistleblowing procedure.

Appropriate information and documents were not maintained for each person to protect them against the risks of unsafe or inappropriate care. This was a breach of the relevant legal requirement (Regulation 20). The action we have told the provider to take can be found at the back of this report.

People's records included risk assessments which included a risk rating which had been recently reviewed. However there were some gaps in the records. Gaps in people's risk assessments were identified in the manager's audit. We reviewed people's support plans and found that most people's records of allergies had not been updated, however they were recorded on their MAR sheet. This meant that people were at risk from inappropriate care as information about them was not accurate.

There was a relationship map template in people's records but this had not been completed. We received conflicting information from staff as to which people were significant to the person and were involved in decisions about the person's care. The manager told us that the provider had introduced a new method of assessment, care and support planning within the last year and some people's records were in the process of being updated. Therefore we could not be assured that staff knew which people were important to people and who to call in an emergency.

Records showed other professionals were involved in people's care and treatment included GPs, opticians and psychiatrists and care staff provided support for people to attend appointments. People's records indicated that they had a health action plan. However we were unable to locate these in people's records so it was not clear what actions should be taken by the provider to ensure that people's health was maintained.

People using the service did not communicate verbally and some people's risk assessment identified that they were at risk from absconding. The manager told us that some key information about the person was carried by staff when



## Are services safe?

they accompanied the person outside of the service. This included a profile of the person. However when we spoke with staff they were not clear what information they were taking with them. Therefore people were at risk of receiving inappropriate care in an emergency.

The manager told us that staffing was assessed based on the needs of people and this was currently two care staff and a manager or deputy manager during the day. At night staffing had been assessed as one waking and one sleeping care staff. Staff told us that two people needed two staff with them if they went out of the service. This meant that there were occasions where there was one member of staff at the service who may be required to care for two people whose behaviour was sometimes challenging. We were told that there had been a high turnover of staff but that this had improved and staff told us that staffing was adequate provided the staff knew people's needs.

Effective recruitment procedures were not in place to ensure that staff employed had the necessary skills for the work. This was a breach of the relevant legal requirement (Regulation 21). The action we have told the provider to take can be found at the back of this report.

We reviewed staff recruitment records which showed that checks were undertaken before staff began work and recruitment, selection and employment processes were in place. Staff records showed staff had Disclosure and Barring Service criminal record checks, two written references, the right to work in the UK, proof of identity, a full employment history and were physically and mentally fit for work.

We spoke with the care worker present at the start of our visit and another care worker during our visit and we found that they had difficulty communicating with us in English. We discussed our concerns with the manager and operations manager that this may affect these care workers ability to communicate with people using and visiting the service and place people at risk. We were told by the manager and operations manager that they also had concerns and would be raising this with the provider's

recruitment staff. Staff recruitment records we saw did not include an assessment of the applicant's communication or language skills. The providers information return that we received following the visit stated that an assessment would be made of each member of staffs understanding of English and learning and development plans would be put in place where needed.

Some records of incidents did not include actions taken by the provider as a result of the incident. For example we saw records of a recent incident where a care worker was driving a person and the car was involved in an accident resulting in it being towed away. We were told by the manager of the action that had been taken to reassure the person following the accident, that the person had not been injured but that they had yet to be referred to their doctor to check their health had not been affected. This meant that the person was at risk of not receiving appropriate medical treatment and the provider's policy and procedure had not been followed. The manager told us that a referral would be made to the person's doctor. The person had not been supported to obtain appropriate health and social care support.

People were protected against most risks of unsafe or unsuitable premises. We saw that the premises were in good condition and we were told by staff that it had been refurbished in the last year. We discussed some maintenance issues we found with the manager. This included an insecure staircase handrail, penetrating dampness in a vacant room and most of the fire door smoke seals had been painted over which may cause them not to operate effectively. The manager told us these issues would be referred to maintenance and an inspection of the service was conducted every six months by the provider's estate team. We discussed the absence of a risk assessment regarding a large TV positioned on a glass table at a service where people sometimes had behaviour that challenges. The manager told us they would complete a risk assessment for the TV and look at other options including fixing the TV to the wall to make it safer for people.

# Are services effective?

(for example, treatment is effective)

## Our findings

Staff were not supported to deliver care to people safely and to an appropriate standard. This was a breach of the relevant legal requirement (Regulation 23). The action we have told the provider to take can be found at the back of this report.

Management records showed that most staff training was current. This included manual handling, first aid, food hygiene, and infection control (100%), health and safety (88%), safeguarding vulnerable adults (62%). Most staff had received training in non-violent crisis intervention (88%) and we were told that further training was planned to update staff. We spoke with two care workers about their understanding of their training. One care worker was unable to inform us some of the areas covered by their induction for example whistleblowing. They told us they had undertaken online training and they were in the process of completing their safeguarding training. However their records showed they had completed their induction training which had been signed off as complete.

Records showed that staff supervisions had been intermittent over the previous year but had been more regular over recent months. The staff rota included three bank staff that we were told knew the people using the service well as they had previously worked at the service. Records showed that ongoing training was undertaken by permanent staff and we were told that staff were matched with people who had similar interests. However we were told that bank staff did not receive supervision. The provider could not be assured that bank staff employed by the service had the correct support to meet people's needs. Appraisals to assess staff performance over the year had been completed but had been delayed. Staff and the manager told us that there had been a high turnover of staff and managers at the service but that the training available was good. Staff we spoke with were not aware of what training or professional development was planned for them.

Staff told us that people using the service were unable to communicate verbally. We observed people throughout the day communicated with staff using gestures, facial expressions and responded to staff's verbal requests. We observed people eating lunch which they appeared to enjoy as they ate all the food and their facial expressions indicated that they were enjoying it. Staff told us that

people also used pictures to communicate. We saw a pictorial menu chart displayed in the kitchen and staff told us that people used pictures to show their menu preferences each day.

Records showed that people's needs had been assessed. The manager told us that people using the service were assessed to establish if they would be compatible living together. Records showed that the provider's behaviour team were involved in planning people's care. This ensured that people who lived at the services were taken in to account before someone new joined. Some care and support plans included a person's typical day, what was important to the person and a communication plan. Records of support and positive risk taking guidance for one person showed staff what not to do, always do and never do. For example one person was not to be left unattended and was always to be assisted with eating.

We saw that one person's relative had been involved in their review and were pleased with the increase in activities for the person which now included bowling. Staff told us that introducing additional activities had resulted in an improvement in the person's behaviour. We observed that people were at ease with staff. Most staff we spoke with knew people and most of their needs well. For example staff told us how they interpret people's gestures and body language and this was reflected in people's records.

The manager told us that the service had not used Independent Mental Capacity Advocates to help people who did not have people to represent them to communicate their needs. For example people did not have access to people independent from the service to represent them when reviewing their care plan. However the manager told us that this was an area for improvement and following our visit we were sent details of a local advocacy service that was available to people. We were told it had been displayed within the service and people would be supported to access the service.

Staff were aware of the provider's equality, diversity and rights policy. Staff told us that no one would receive less favourable treatment on the grounds of sex, ethnicity or religion and we were told that one person attended a church club. Staff told us that people had the right to dignity, privacy and choice and told us how each of the people using the service would communicate these needs. For example we were told and saw that one person puts up their hand if they do not want to do something.

# Are services caring?

## Our findings

Staff we spoke with knew most people's needs and their behaviours. Some staff had been working with people for several years. We observed good practice during the day which included the careful and respectful way staff spoke and communicated with people using gestures, facial expressions, and verbal requests and questioning, as well as showing people objects and pictures to communicate.

There was a keyworker system in place and staff knew people's personal preferences. For example one care worker told us "one person likes trains and any moving objects, another likes walking long distance, another likes tidying up and being clean." Activities were planned around individual needs and preferences and included attendance at a day centre, visiting shops and going bowling. Staff we spoke with told us one person's participation in a church club "where they smile and seem to enjoy." However staff were not aware if people had specific needs with regard for example to their age, gender or sexuality. The manager told us that they relied on the social histories of people but there was a lack of knowledge by the service of some people's needs and characteristics.

We saw staff treating people with dignity and respect. We saw staff knock on doors before entering people's rooms and gave people time to think and communicate their needs. Staff spoke to people respectfully and used encouragement. Staff told us that they did not assume they had permission to give care but tried to obtain permission from people before giving care by observing people's gestures, sounds and facial expressions. The manager told us of plans to appoint a member of staff as a dignity champion to promote dignity within the service.

We saw that people were calm, interested in what was going on around them and responded to staff communications. Staff responded appropriately to people's requests. For example we were told that one person liked to drink other people's tea and to be aware of this during the visit as any drinks left unattended would be drunk by the person. Staff respectfully reminded and reassured the person throughout the day that they should not take other people's tea but also made tea at regular intervals for the person to help satisfy their desire. We saw that people were given time by staff to respond to any requests and were not rushed into responding.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

Suitable arrangements were not in place to assess people's capacity to make decisions or act in their best interests. This was a breach of the relevant legal requirement (Regulation 18). The action we have told the provider to take can be found at the back of this report.

One person's records showed what type of decisions required a best interest decision whilst another person's records did not. The manager told us that they would be reviewing people's records to see if this had been done. The provider's policies and procedures were in line with the current legislation Mental Capacity Act (2005). These stated that people significant to the person will be involved in making best interest decisions for the person. This was reflected in one person's records. The provider's policy stated that when assessing people's capacity it may be necessary to use for example visual signs, auditory aids and the appointment of advocates. However we did not find any evidence that methods to assist with assessing people's capacity or best interest decisions had been used in accordance with the provider's policy. Some staff were not aware of the requirements of the Mental Capacity Act 2005. People using the service were unable to communicate verbally and there was a risk that decisions may not be made in their best interests.

People were supported to choose in making immediate decisions. We observed people being asked by staff about their preferences throughout the day verbally and by the use of gestures. Staff told us that people chose what they wanted in their rooms and we saw that rooms had been personalised. We were told that one person expressed that they did not like a picture in their room and this had been removed by staff. However we were told that people had not been involved in making choices with regard to the

refurbishment of the service. The manager told us this was an area for improvement. Records showed that some people were supported by people significant to them to make decisions.

People had access to activities that were relevant to them and they were supported to maintain relationships with friends and relatives. When we arrived at the service we were told that one person was at a day centre and another person had gone bowling with staff. During our visit we saw that one person spent time in the garden. Staff told us that one person likes to meet their friends. These needs and preferences were reflected in people's care and support plans and showed that care was being delivered to meet the person's needs. One person's daily activity record stated "Had a meal out after bowling and seemed happy."

An effective complaint system was not in place to prevent or reduce the impact of unsafe or inappropriate care or treatment. This was a breach of the relevant legal requirement (Regulation 19). The action we have told the provider to take can be found at the back of this report.

The manager told us that there had not been any complaints about the service since 2006. The provider's policy stated that it actively encouraged feedback to respond to concerns and complaints, underpin quality assurance and learn from events. However we did not find any evidence that people who were using the service and were non-verbal were being encouraged and supported to raise concerns in a suitable manner and format. We were told and saw records that showed one person significant to the person receiving care had previously raised concerns regarding the level of activities at the service but had not made a written complaint. Records showed and the manager told us that the person's activities had been increased and the person who raised the concern was now happy with the service.

# Are services well-led?

## Our findings

The manager had been recently registered for this and another of the provider's services with the CQC. The manager spent two days at this service and a deputy manager was present for three days when the manager was not on site. The operations manager had recently been made responsible for overseeing this service.

We saw records of a meeting that had recently taken place to introduce the incoming manager and incoming operations manager to a person using the service and to their relative. We were told this was to establish if there were any concerns, what was working well or not so well and any areas for improvement. The relative stated they would raise any concerns they had regarding the service that affected any of the people using the service. However there were no concerns and the relative was happy with the service provided, especially the improvement in activities and told staff of the persons, likes, dislikes and needs.

People were not protected against the risks of inappropriate or unsafe care. The effective operation of systems were not in place to manage risks. People and those acting on their behalf views were not regularly sought to provide an informed view in relation to the standard of care provided to people. This contributed to a breach of the relevant legal requirement (Regulation 10). The action we have told the provider to take can be found at the back of this report.

The manager told us that the annual audit of the service from the provider had highlighted that there were issues for example with regard to consent, capacity and best interest which were to be rectified by 1 March 2014. However this had not been completed.

The operations manager had completed a review of audits for the service the day prior to our visit which highlighted a number of failings in most of the CQC outcomes that they reviewed. This included some failings in respecting and involving people who use the service, consent, care and welfare, meeting nutritional needs, safeguarding, infection control, management of medicines, safety and suitability of premises, equipment, requirements relating to workers, assessing and monitoring the quality of the service and records. We were told that the manager and operations manager were meeting in the following week to review the audit and discuss an improvement plan for the service.

Audits to identify issues and areas for improvement were to include a monthly audit by the manager and quarterly audits by the operations manager. One of the issues highlighted by the operations managers audit was peoples lack of access to advocacy services which following our visit we were told had been rectified. The operations manager told us that the manager's time at the service would be increased to four days per week over the next month to develop the service and produce an improvement plan.

Records of incidents and accidents showed that they were dealt with individually and were monitored to establish any trends. They were reported on the provider's central system and a grading given for the incident depending on its impact. The action taken by the provider would vary for example referral to the provider's directors for the most serious impact to the person, service or potential to impact on other services. The manager told us this was to enable the operations manager, directors and the provider's behaviour team to monitor and intervene as necessary. The manager told us that incidents and accidents were discussed at manager's meetings. We reviewed four recent incidents of which two were regarding accidents with motor vehicles. The providers monitoring system showed that there had not been any injuries sustained but did not show what action had been taken regarding the competency of the person driving the vehicle. There had been some incidents of behaviour that is challenging from some people. Each of these incidents had been responded to individually by the service. However there was no analysis of these incidents to establish if there were trends and what action to take in response to any trends. This meant that although there was a system to monitor incidents and accidents it did not always include learning from them and making improvements.

Records showed a corporate risk assessment had been completed by the provider which included plans for the continuation of the service in an emergency.

The manager told us that the provider held "Our Voice" meetings every 3 months for people to attend with a staff member to give their views of the service and they thought that some of the people using the service had attended. We were told that this may not be appropriate for people who could not communicate verbally and the manager would be exploring how to involve people using the service in these meetings more effectively.

## Are services well-led?

The providers Statement of Purpose stated that they were developing a communication passport and staff would seek appropriate communication assistance to communicate with people. The manager and staff told us the way in which each person using the service communicated and this was reflected in the person's records and from our observations. We were told and records showed that some people significant to the person were involved in their care.

The manager told us that they involved people significant to each person and did not hold group meetings as it was a small service. Some people did not have people that were significant to them involved in their care. However we were told that the provider did conduct surveys across their services but the manager was not clear if this service had been included. We were told the last provider's survey was in 2012. The manager told us that improving communication and involvement of people in the service was an area for improvement.

Staff told us that the registered manager was approachable and they felt motivated and supported. We were told by

staff that they were encouraged to participate in staff meetings and supervisions. However there were no staff surveys completed by the provider. Therefore the provider could not fully monitor staffs thoughts on the service.

Staff told us that there had been improvements to the service which included people going out more. For example one person who did not go out much now goes bowling. Other improvements identified by staff included decoration of the home and new furniture. We were told that the service had "come a long way" in the improvements that had been made and the new manager and operations manager who started a few weeks previously "knew what they were doing."

We were told by the manager and staff that there had been a high turnover of staff but there were enough staff to meet people's needs. Staffing levels were assessed and reviewed based on the needs of people.

The provider's policies showed the responsibilities and accountabilities of key roles of the senior management team, home managers and care workers. However some staff we spoke with were not aware of the providers' policies and staffs roles and responsibilities.



## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

#### Regulated activity

Accommodation for persons who require nursing or personal care

#### Regulation

**Regulation 10 (1) (b) (2) (c) (e) HSCA 2008 (Regulated Activities) Regulations 2010**

**Assessing and monitoring the quality of service provision**

The registered person did not identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.

#### Regulated activity

#### Regulation

**Regulation 11 (2) (a) (b) HSCA 2008 (Regulated Activities) Regulations 2010**

**Safeguarding service users from abuse**

The registered person did not have suitable arrangements in place to protect service users against the risk of control or restraint being unlawful or otherwise excessive.

#### Regulated activity

#### Regulation

**Regulation 18 (1) (b) (2) HSCA 2008 (Regulated Activities) Regulations 2010**

**Consent to care and treatment**

The registered person did not have suitable arrangement in place for establishing and acting in accordance with, the best interests of the service user.

#### Regulated activity

#### Regulation

## Compliance actions

### **Regulation 19 (1) (2) (a) (b) HSCA 2008 (Regulated Activities) Regulations 2010**

The registered person did not have an effective complaints system to identify and receive complaints and comments made by people by bringing the complaints system to the attention of people in a suitable manner and format and by providing support to people to bring a complaint or make a comment.

### Regulated activity

### Regulation

### **Regulation 20 (1) (a) HSCA 2008 (Regulated Activities) Regulations 2010**

#### **Records**

The registered person did not ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from the lack of proper information about them by means of the maintenance of an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user.

### Regulated activity

### Regulation

### **Regulation 21 (a)(ii) HSCA 2008 (Regulated Activities) Regulations 2010**

#### **Requirements related to workers**

The registered person did not operate effective recruitment procedures in order to ensure that people employed had the skills necessary for the work.

### Regulated activity

### Regulation

### **Regulation 23 1 (a) HSCA 2008 (Regulated Activities) Regulations 2010**

#### **Supporting workers**



This section is primarily information for the provider

## Compliance actions

The registered person did not have suitable arrangements in place to ensure staff were appropriately supported to enable them to deliver care to people safely and to an appropriate standard by receiving appropriate training, professional development and supervision.