

Mrs Sally Roberts & Mr Jeremy Walsh

# Northleach Court Care Home with Nursing

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

This unannounced inspection took place on 12 and 13 November 2014. There were no breaches of legal requirements from our last inspection in June 2013 that we needed to follow up.

Northleach Court Care Home provides accommodation and personal care for up to 55 people. On the day we visited 32 people were living there. The home accommodates people living with dementia and provides nursing care and end of life care. The home is a converted

'listed' building and has a passenger lift to reach the two floors where people are accommodated. There is an enclosed garden area where people can walk safely unescorted.

There was a new registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

People told us they felt safe but we had some concerns with regard to safeguarding people and the recording and reporting any unexplained bruising. The provider was not meeting the requirements of the law by failing to inform the Commission about all allegations of abuse. Accidents and incidents were not audited thoroughly to look at preventative measures for people.

Staff recruitment procedures were thorough and ensured that people were protected by employment of suitable staff. Medicines were managed safely and effectively. Medicine reviews were completed by healthcare professionals as required. Staff were appropriately trained and additional training was provided to enhance their knowledge about people living with dementia.

We have made a recommendation about the supervision of staff.

Relatives we spoke with said that staff were, "Very kind, very caring and efficient". They thought that people were "Very well looked after" and that staff "Knew when to respond". Care staff had received appropriate training to meet the needs of the people they were supporting.

People's privacy and dignity was respected. People we spoke to confirmed that their privacy and dignity was respected. People received care that was planned. Care plans clearly detailed the support needs and were kept under review.

The quality of care was monitored by the completion of monthly audits and asking people about the service. Quality managers visited the home monthly to look at all aspects of the service and care provided. They talked to staff and people for their opinions of the care provided.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Some unexplained bruising had not been correctly recorded and reported to the local safeguarding team.

Monitoring of accidents and incidents was incomplete so preventative measures may not be thoroughly explored.

Peoples medicines were administered and managed safely and kept under review to ensure people were receiving appropriate medicines.

People were protected by thorough recruitment practices where appropriate checks on staff were completed.

There was sufficient care staff available but more staff were needed to provide activities for people.

**Requires Improvement**



### Is the service effective?

The service was effective.

Relatives told us that the staff were very kind and knew how to respond to people living with dementia. The staff had completed appropriate training, knew people well and how to respond to behaviours that challenged.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and had received training in this area.

People had sufficient to eat and drink and where they were at risk of malnutrition appropriate action was taken.

People's health was monitored and healthcare professionals visited when required to provide an effective service.

**Good**



### Is the service caring?

The service was caring.

We observed people being treated with compassion and relatives told us people were always treated with dignity and respect.

Staff recognised the importance of treating people as individuals and we observed positive engagement between people and staff.

We observed staff explaining carefully what a particular medicine was for so that the person knew why they were taking it.

**Good**



### Is the service responsive?

The service was responsive.

**Good**



# Summary of findings

People told us they knew what to do if they were unhappy and told us that staff took the initiative in ensuring they were well by asking them if anything was wrong.

There was a part time activity staff member who provided some group and individual activities but this was insufficient to meet everyone's needs.

At monthly residents' meetings people were asked how well the service was delivered.

## **Is the service well-led?**

The service was mostly well led.

Not all allegations of abuse were notified to the Commission as required to help protect people.

The monthly visits completed by a quality manager gave clear information covering different outcomes each month and what action the manager must take.

Annual surveys were completed by people in the home and when the survey was last completed in December 2013 the results were mainly positive.

The staff had group supervision meetings where a variety of topics were discussed but individual supervision was not always completed to ensure staff had the necessary support to provide effective care..

# Northleach Court Care Home with Nursing

## 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, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 13 November 2014 and was unannounced. The inspection team consisted of two adult social care inspectors and a specialist nurse who was specialised in end of life care. Prior to the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). 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. We used this information to assess how the service was performing and to ensure we addressed any potential areas of concern.

We 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 used SOFI because some people were unable to tell us about their experience of living in the home due to their dementia.

We spoke with the registered manager, the service quality manager and the assistant manager. We interviewed five care staff, the maintenance person and a chef. We spoke with five people who use the service and two relatives. We looked at seven care records, three recruitment records, the staff duty roster, quality assurance information and maintenance records. We asked the registered manager to send us a copy of the duty rota and an overview record of all staff training.

We contacted a GP, a social worker, Gloucestershire County Council Quality Review Team, a tissue viability nurse, a community mental health nurse and a member of the Care Home Support Team. The Care Home Support Team are health and social care professionals that provide care staff with advice and training in Gloucestershire. We asked them for some feedback about the service. <Summary here>

# Is the service safe?

## Our findings

All staff had received safeguarding training and told us about the different types of abuse. They knew how to raise concerns with the nurse in charge. There was a detailed safeguarding procedure for staff to follow, that included informing CQC. Most instances of safeguarding allegations were recorded in detail and reported to the local authority safeguarding team. However, the registered manager had not reported all unexplained bruising to the local authority safeguarding team, which may not protect people. Photographs were not always taken of bruising to monitor any further bruising. This is a breach of Regulation 11 of the health and social Care Act 2008 ( Regulated Activities) Regulations 2010. The breach of section 11- (1) (a) (b).

People's risks were well managed. Care plans included information to guide staff to keep them safe. This included risks relating to falls, developing pressure ulcers and malnutrition. Some people were at risk of falls. People were safeguarded because bedrails or 'crash' mattresses were used to reduce the risk of falls from beds and some people had additional supervision. A person told us about living at the home they said, "I've loved it. I feel safe".

Assistive technology was used. For example a sensory mat was in place to alert staff to the presence of people in areas where they were more at risk. Referrals were made to community mental health teams for risk assessment to manage behaviours that challenged the service. People were able to move freely on the ground floor and there was access to a secure garden area. Access to the stairs from the ground floor was a potential hazard. A risk assessment for one person relied on care staff constantly monitoring them to avoid the person going up the unprotected stairs from the ground floor.

People's medicines were managed safely. Observation of staff administering medicines to people was consistent with safe practice, which included staff being undisturbed. People were identified by photographs on their medicine administration record. The same photographs were being added to the new monitored dosage medicine containers to improve identification. Storage of all medicines was safe and the records were complete. People's medicines were regularly reviewed with their GP to ensure they were

suitable. This included homely remedies. Homely remedies are medicines that can be purchased over the counter from a pharmacy such as cough mixture or medicine for constipation.

Three recruitment records we looked at were complete. Applications detailed previous employment and any gaps in employment were explored during interviews. Disclosure and Barring Service (DBS) checks were completed and each employee had at least two references, one of which was from the last health and social care employer where applicable. Health checks had been completed. Training certificates were available which included induction certificates for fire safety and moving and handling training. Most training certificates were held on computer and an overview record of all staff training showed what the staff had completed. Nurse registrations and Personal Identification Number (PIN) expiry dates were checked with the Nursing and Midwifery Council (NMC). These ensured nurses were legally registered to work as qualified nurses. When the provider identified issues they had provided additional supervision and training for staff to ensure people were safe.

The registered manager completed a monthly staffing level analysis that included people's dependency level calculated as low, medium or high. Weekly updates were sent to the provider and agency staff were used when required. Recruitment was continuing so that less agency staff was being used. The registered manager requested the same agency staff so that people had greater continuity of care from staff they knew. A relative told us any staff sickness and absence would always be covered by the provider, "They always bring in agency staff". Handover information for agency staff was detailed, for example people's individual fire evacuation information and a full handover about each person was included. The registered manager discussed staff required with the service quality manager and staff that lived on the premises helped at short notice. Healthcare professionals that visited commented that agency and bank staff were often used and the high turnover of staff did not help with consistency of care. The registered manager told us there were sufficient catering and domestic staff at present. The stakeholders we spoke with told us that the home had recently improved but identified areas of concern with

## Is the service safe?

regard to staffing and consistency of care. There were sufficient care staff available but staff available to organise and complete meaningful activities with people was insufficient.

One of the maintenance staff showed us the recorded safety checks for fire, water temperatures, bedrails, handrails, wheelchairs and electrical equipment. The checks told us that safety checks were completed regularly

and people's safety was not at risk in these areas. The last fire drill for staff was recorded in October 2014 and staff had reacted appropriately. Legionella water system risks were checked annually. We checked the records of equipment serviced and all were within the last 12 months. The maintenance records did not have a timescale of completion for rucked carpet in a corridor upstairs which may cause a trip accident for people with reduced mobility.

# Is the service effective?

## Our findings

An audit of staff supervisions completed by the quality manager indicated the registered manager had not been able to complete all staff supervisions. The registered manager told us they were struggling to catch up with staff supervisions. We looked at two group supervision staff meeting minutes where an average of 13 staff attended. Examples of topics discussed were; moving and handling, the efficiency of call bells being answered, accident records, completion of food and fluid charts, activities, infection control, personal care, records keeping and working with agency staff. There were actions recorded and staff had commented but generally it was a list of what staff must do or not do. Learning from complaints was shared with the staff team at their regular meetings and improvements implemented as required.

Relatives we spoke with said that staff were, “Very kind, very caring and efficient”. They thought that people were, “Very well looked after” and that staff, “Knew when to respond”. The registered manager and nurse were observed to be both skilled and experienced when communicating with people. Visiting health and social care professionals told us there had been a noticeable improvement in care practices since January 2014 when the new registered manager started. A healthcare professional told us they were impressed with how staff had supported a person with complex behaviours who had now settled well. Staff explained how to safely observe people that may have behaviour’s that challenged the service, They told us how they tried to diffuse the situations and distract people using appropriate and planned interventions.

The registered manager had completed two dementia leadership awards, a Master degree in palliative care, Health and Social Care level 2 medicines management and a moving and handling instructors training. This meant that the registered manager was able to complete some staff training and provide continuity of training. There was National Institute for Health and Care Excellence (NICE) guidance for pressure ulcer assessment and management of medicine storage available for nursing staff to follow. This meant nurses were able to access the latest guidance and provide effective support.

Care staff were able to respond to areas of care practice well. They explained their core mandatory training and additional more specialised training for dementia awareness and End of Life (EOL) care. Staff were very clear about what to do when people fall. Falls had been recorded but one response to a fall, by a staff member, was not in line with their moving and handling training and may have put the person at risk from further injury. The staff member had received additional moving and handling training since the incident.

The registered manager had completed a Deprivation of Liberty Safeguard application for a person who required additional staff to supervise them and provide diversion therapy. The first floor had four different keypad numbers to restrict access for people to two staircases. The different numbers were unhelpful for visitors and staff and may restrict people unnecessarily.

The overview record of all staff training indicated that staff had completed safeguarding adults training every three years and all staff had completed Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. The registered manager had completed an update to their DoLS training in June 2014. The Care Home Support Team had provided face to face training for staff about; dignity and respect, pressure ulcer prevention, completing life histories’ and behaviours displayed by people living with dementia.

Nurses completed first aid at work training every three years and care staff completed basic first aid every three years. Moving and handling training was completed by all staff annually. The registered manager had completed a dementia leadership award and two care staff were dementia link workers. Information was passed to all staff to improve dementia care for people. There had been improvements in the environment for people living with dementia. For example a reminiscence room had been provided which contained furniture and memorabilia from the early 20th Century. Bright decoration had been used to differentiate between areas in the home.

A member of staff told us they had completed induction training which included fire safety, moving and handling and safeguarding training using both computer and face to face training methods. They had attended staff meetings and had informal supervision. They told us they were shown how to respond to people who were living with dementia and may have behaviours that challenge.



# Is the service effective?

The member of staff told us sometimes more staff were needed when people required individual supervision. They told us the staff that 'lived in' covered at times to make sure people were safe and cared for.

Some people lacked capacity and decisions were made in their best interest and recorded. There were excellent mental capacity assessments seen, and best interest discussions recorded, for five people who could not consent to a flu vaccination. This showed that staff had a good understanding of the Mental Capacity Act 2005 (MCA) and had received training in this area. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the mental capacity to make particular decisions.

One in five people with no mental capacity indicated had a mental capacity assessment and best interest discussion recorded for the important decision Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR). The best interest documentation was new in relation to DNACPR and not reliably completed.

The registered manager and another member of staff had a good awareness and understanding of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a lawful way to deprive someone of their liberty, provided it is in their best interests or is necessary to keep them from harm. The registered manager had applied to the authorising authority for six people in relation to DoLS, two applications had been approved so far and CQC had been informed. The majority of the 33 people living at the home may have needed a DoLS application due their assessed care needs. The registered manager was aware of the need to complete all the DoLS applications as soon as possible. The authorising authority for DoLS applications were gradually dealing with the increased amount of applications from providers.

People had risk assessments for malnutrition and weight was monitored on admission, and then monthly. A malnutrition universal screening tool (MUST) was used to assess people's weight and their body mass index was recorded. Peoples weight loss was reported to their GP. In such cases weight was monitored weekly and a three week food and fluid chart was started to monitor the person's intake. The GP visited people at risk weekly. Peoples care plans identified where diets were fortified. The catering

staff had a list of people who had some fortified food, for example porridge was fortified with cream. Staff were aware of the people who had their food and fluid intake monitored and the importance of recording this. to maintain a person's healthy weight.

Catering staff provided milk shakes and soups fortified with cream and these were offered to people every day. Finger food such as fruit, crisps, chocolate and cakes were available in between meals. The catering staff could not fortify the pre-packed frozen meals of the normal, pureed or soft diets provided for reheating. The range of food used had a specific energy dense fortified range that had 800 calories in each portion but staff were unaware they could order this for people at risk of malnutrition. During the inspection the quality manager agreed that this range could be ordered for people who required fortified meals. Freshly cooked breakfasts were available every day and people had bacon, fried eggs and scrambled eggs.

People were helped with their meal by staff trained to support people with safe eating and drinking. The staff gave an example where they had alerted the nurse to a person who coughed with every meal and the GP had prescribed a specialised product to mix with their food.

We completed a Short Observational Framework for Inspection (SOFI) in the dining room at lunchtime. People were shown food to choose from and there were staff available to help people when they needed assistance with their meals. People were chatting to each other and staff engaged with people. Meals were unhurried but people did not have to wait for each course to be served. A variety of drinks were served and the atmosphere was calm and staff showed compassion towards people that were unsettled. The registered manager was helping people with their meals and staff told us this was usual practice.

People had access to healthcare services and healthcare professionals visited the home. Tissue viability nurses, dieticians, speech and language team (SALT) members had visited. The GP visited weekly and also came when called upon.

**We recommend that individual staff supervisions are completed, in addition to the staff meetings, to help improve their performance and development.**

# Is the service caring?

## Our findings

Staff were slow to recognise the symptoms of palliative care. Palliative care is relief from symptoms of an illness when there is no cure. The symptoms to look for were less activity, eating less, communicating less and sleeping more. Staff did not recognise that these symptoms were the emerging end of life phase and in particular in relation to less or no communication. There was no pain assessment completed for one person who was receiving palliative care.

A care record we looked at was improved when End Of Life (EOL) was recognised as imminent. People were assessed for food and fluids and their reduction managed in line with current recognised guidance from the GP. The need for medication was assessed and the way it was given. There was anticipatory prescribing of medicines by the GP for five key symptoms. A syringe driver was available to deliver medicines when people were unable to take them orally and involved the district nursing services. Staff explained how they identified approaching EOL and delivered the changing care needs for people. For example staff told us about diet and fluids, mouth care, changing a person's position, pain control, emotional support and care of the family. However, EOL care plans were basic with no evidence of assessing or providing for spiritual and religious beliefs. Fourteen staff had completed palliative care or death, dying and bereavement training and seven were enrolled to complete the training soon. All aspects of EOL care, to include spiritual and religious support, were not well planned to ensure people had the best care possible.

A person told us staff were, "Quite good". Another person said, "They do care for me" while another described the home as, "A lovely place". Other people's comments about care included, "Care here is good" and "It varies". We heard a person tell a staff member, with whom they clearly had a good relationship, "I love you to bits".

A member of staff we spoke with referred to the importance of treating people as individuals. We observed positive interactions between people and staff. For example, we saw that a member of care staff tried to reassure a person who had been shouting in apparent distress at the behaviour of another person. This intervention had a calming effect. We noted when a nurse offered prescribed medicine to a person they explained, when asked by the person, the benefit of taking a calcium supplement.

We saw when staff served afternoon tea in the lounge fresh fruit was offered to people as an alternative to cake or biscuits. This demonstrated choice was offered and individual preference considered by staff.

When we toured the building with the registered manager, we were told rooms were for single use, unless people wished to share a larger apartment. Most rooms had ensuite bathroom facilities and we saw examples of this. This meant the building was arranged in a way that supported privacy and dignity.

A staff member we spoke with told us, "You have to listen. You have to be patient". The staff member told us they cared for people "like they were my father or my mother". People's care plans indicated their preference for a male or female member of staff to help them with personal care. In the lounge, a person told us they needed help. We spoke to a staff member. We saw a male member of care staff was going to support a person without capacity who needed assistance with personal care. We prompted the member of care staff to involve a female member of staff if that was the person's preference. A female care staff member assisted the person.

Relatives we spoke with told us that they were happy that their family member's privacy and dignity was respected. A relative told us they had never seen staff fail to support people's dignity.

People we spoke to confirmed that their privacy and dignity was respected.

# Is the service responsive?

## Our findings

There was insufficient activity staff to provide individual and group activities every day. A member of care staff spent part of their time as an activities organiser and told us, “I enjoy what I’m doing”. This staff member was not on duty the day before our visit. It was unclear whether activities were arranged and encouraged on days when the activity organiser was not on duty. During the staff supervision meeting in October 2014 staff had requested that there should be a dedicated activity person that was not included in the care staff numbers.

On the day of our inspection the activity organiser led a bingo session in the morning and there was a ‘pet therapy’ session in the afternoon. The staff member told us that it was important to ask people what they wanted when organising activities. A Christmas event was being planned where family members and friends from the local community would be invited to visit the home. We saw that a programme of activities was displayed and included bingo, news discussion, skittles and music. The programme was hand written in small lettering and many people would have found it difficult to read. The registered manager told us the home did not have its own transport. A minibus and driver had been hired for eight people to visit Cotswold Wildlife Park last summer.

One person we spoke with told us they knew what to do if they were unhappy about their care, “Oh, yes I do tell them.

They’ve got their work to do. I understand that”. Another person said, “Yes I would tell them” if they were unhappy. One person told us staff took the initiative in ensuring they were well, “They ask you, what’s the matter”.

The care plans followed the ‘activities of daily living’ model and included evidence of family involvement. Care plans were reviewed monthly to ensure they were current. We noted that risk assessments took account of individual needs – for example the increased risk of bruising due to medication, a risk which had been discussed with relatives.

We read the provider’s compliments and complaints file. There were letters and cards with complimentary comments about the care provided. The annual complaints audit showed that complaints had been received in May and June 2014. Complaints had been responded to appropriately. A full written response was made to one complainant and a face to face meeting with another complainant was recorded in detail.

Minutes of monthly residents’ meetings held in September and October 2014 were available. People were asked how well the service was delivered. They had positively discussed topics about their rooms, food and activities. Relatives did not attend the planned relatives’ meeting in August 2014 but had participated in a meeting in January 2014 where they raised concerns about the increased use of agency staff. The use of agency staff had decreased as more staff were recruited.

# Is the service well-led?

## Our findings

The registered manager had notified the local safeguarding unit about some incidents but had not informed CQC. The registered manager was not fully aware of their legal responsibility to report safeguarding issues to CQC which is a breach of the Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Monitoring of accidents and incidents was incomplete. Twenty-eight accident forms for September 2014 did not have sufficient information to audit and look at preventative measures. Audits had not identified whether people had repeated accidents. This is a breach of regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. (

The registered manager told us they audited care plans monthly to help ensure people received effective care and support. One care plan had been audited last month and had eight action points recorded. This included involving the relative in the care plan reviews. We checked all eight actions were complete. In order for this to be an effective management audit more than one care plan would need to be audited monthly. We discussed this with the registered manager who had difficulty finding the additional time required for the audits. Many other audits were completed by the registered manager and the provider's quality managers

The weekly update from the provider to all registered managers was used as a tool for sharing and implementing good practice throughout the provider's locations. A recent communication was the implementation of a new 'Sepsis Early Warning System' policy. The policy gave staff the signs and symptoms to look for when a person may have an infection and included the completion of a record for people at risk. There was also a new communication log for GP's to use.

Staff told us they found the registered manager approachable and available. One staff member told us the registered manager regularly leads by example by supporting people at lunch times.

The monthly visit record completed by the provider's quality managers had clear information covering different areas each month and what action the registered manager must take. The registered manager had added to the record when the action was completed. Care plans and fall risk assessments had been looked at by the quality manager after a recent moving and handling incident. This information was followed through at each quality manager's visit to help ensure that identified concerns raised had been completed. The registered manager completed a night visit three monthly and told us some call bell leads were noted as not long enough when people were in bed and this had been rectified

The registered manager completed a medication audit monthly and the quality manager every four months. A quality medication audit was completed in September 2014 and followed up in October 2014 where there was a good improvement. During our inspection visit the quality manager was completing an infection control audit.

An audit of staff supervisions completed by the quality manager indicated the registered manager had not been able to complete all staff supervisions. The registered manager told us they were struggling to catch up with staff supervisions. We looked at two group supervision staff meeting minutes where an average of 13 staff attended. Examples of topics discussed were; moving and handling, the efficiency of call bells being answered, accident records, completion of food and fluid charts, activities, infection control, personal care, records keeping and working with agency staff. There were actions recorded and staff had commented but generally it was a list of what staff must do or not do. Learning from complaints was shared with the staff team at their regular meetings and improvements implemented as required.

Thirteen quality assurance questionnaires were returned from people in November 2013, a year before our inspection. There had been an improvement in most areas since the previous survey in 2012 and 100% score for good or excellent care and food. Nine people had indicated they were satisfied with how concerns or complaints raised were handled in November 2013.<Summary here>

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p><b>How the regulation was not being met.</b></p> <p><b>People who use services had unexplained bruises that were not reported to the local safeguarding team.</b></p> <p><b>Regulation 11- (1) (a) (b)</b></p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p><b>How the regulation was not being met:</b></p> <p><b>People who use services were not fully protected against the risks associated with accidents as monitoring of accidents and incidents was incomplete. Regulation 10 - (1) (2) (c) (i)</b></p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p><b>How the regulation was not being met: People who use services and others were not fully protected against the risks associated with abuse and allegations of abuse as the Commission was not notified of all incidents.</b></p> <p><b>Regulation 18 - (1) (2) (e).</b></p>