

# Ashness Care Limited

# Ashness Two

## Inspection report

41 Cranleigh Road  
London N15 3AB  
Tel: 020 8809 9958  
Website: [www.ashnesscare.org.uk](http://www.ashnesscare.org.uk)

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### 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

This inspection took place on 5 November 2014. It was unannounced, which meant nobody at the service was told in advance of the inspection.

Ashness Two is a care home registered to provide care and support to five people with mental health needs. There were five people living in the service at the time of our inspection.

A new manager was in post at the home, and they had applied to the Care Quality Commission to be the registered manager. A registered manager is a person who has registered with the Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected this service in July 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

All five people living at the home told us they were happy with the overall support provided to them. Comments included "The accommodation is OK," "There are enough staff around," "Staff are good," and "There's nothing to improve."

# Summary of findings

People told us that they, and their family members where relevant, had been included in planning and agreeing to the care provided. We saw that people had individual plans detailing the support they needed. However, we found that some people's individual risk assessments and care plans were not comprehensive in relation to their needs. This put people at risk of receiving inappropriate or unsafe care, for example in responding to challenging behaviour or specific health care issues.

The home had an appropriate recruitment system for new staff to assess their suitability, and we found that staff on duty knew the people they were supporting and the choices they had made about their care and their lives. Staff supported people to maintain their independence and control over their lives and treated them with respect and compassion.

There were systems in place to monitor and address deficiencies to the home environment, but these were not sufficiently rigorous to fully protect people's safety and welfare. We found some maintenance issues within the home which had not been reported by staff, including faults in kitchen and toilet facilities, leaving people at risk of living in an unsuitable environment.

Staff in the home knew how to recognise and report abuse, and what action to take if they were concerned about somebody's safety or welfare. However systems in place to provide staff with training and supervision did not ensure that people's needs were met consistently and

in line with best practice. For example not all staff had undertaken diabetes, mental capacity or managing behaviour that challenges training. This training was needed to meet the individual needs of the people living in the home.

Staff supported people to attend routine health checks, and there was evidence of attention to people's physical and mental health care needs. However, the service did not address people's nutritional needs, and records did not demonstrate proactive support and progress made towards their individual goals.

Quality assurance systems at the service were in place to assess and monitor the service people received and there was a business development plan detailing improvements needed to the service. No complaints had been received within the last year, but people had the opportunity to comment on the service at regular 'residents meetings' within the home and through satisfaction questionnaires. They told us that they were satisfied with the management of the service. Health and social care professionals working with people living at the home also provided positive feedback about the support provided by the service.

We found 3 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 relating to the home environment, staff support and record keeping. 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?

Some aspects of the service were not safe. Arrangements to manage behaviour that challenged and protect people from the associated risks were not consistent.

Some people's individual risk assessments and care guidelines were not comprehensive in relation to their needs. This put people at risk of receiving inappropriate or unsafe care and treatment.

There was no maintenance record in the service. Some people's bedrooms were not adequately maintained.

Staff in the home knew how to recognise and report abuse. Staff recruitment checks were effective at checking their character and suitability to work. People were satisfied that there were sufficient staff at all times, to keep them safe.

**Requires Improvement**



### Is the service effective?

Some aspects of the service were not effective. Whilst there were systems in place to provide staff with training and supervision, these were not rigorous enough to ensure that they met people's needs consistently. For example some staff had not undertaken diabetes, mental capacity or managing behaviour that challenges training.

People were supported to attend routine health checks, and there was evidence of attention to people's physical and mental health care needs.

**Requires Improvement**



### Is the service caring?

The service was caring. People gave us positive feedback about the approach of staff, and we observed a number of ways in which staff treated people well.

We found that staff communicated effectively with people and supported them to follow lifestyles of their choice. Their cultural and religious needs were met and staff encouraged them to undertake educational, occupational and leisure activities of their choice.

**Good**



### Is the service responsive?

The service was not consistently responsive to people. Although people's needs and preferences had been assessed, and care plans developed, these did not always adequately guide staff so that they could meet people's needs effectively. For example there was insufficient guidance on how to support and monitor people with diabetes and seizures.

**Requires Improvement**



# Summary of findings

There was some evidence of people developing their independence skills. However records did not include clear information about how people were progressing towards their individual goals and did not demonstrate proactive forward planning.

The service had a complaints procedure that was accessible, but this had not been used within the last year. People's views on the service were sought at regular 'residents meetings' within the home and through satisfaction questionnaires.

## Is the service well-led?

The service was not always well-led. We found some important gaps in record keeping within the home regarding care provided to people and maintenance management.

People using the service and other stakeholders were satisfied with the management of the service. Quality assurance and audit systems at the service were in place to assess and monitor the risk of unsafe or inappropriate care and treatment of people.

We found that risk management processes were effective to protect the safety and welfare of people using the service, although these were not always clearly recorded.

People who lived in the home and their relatives were asked for their opinions of the service and their comments were acted on.

A business development plan was in place to bring about improvements to the service.

**Requires Improvement**



# Ashness Two

## 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 November 2014. The inspection team included one inspector and a specialist professional advisor on mental health. Before the inspection, we reviewed the information we held about the service including notifications, and other contact from the home.

We used a number of different methods to help us understand the experiences of people living in the service. We spent time observing care in the communal areas such as the lounge and kitchen areas and met with all five people living at the home. We spoke with staff working at the home, the manager, the director of the company which is the registered provider, and two health and social care professionals visiting the home. We also spoke with the medical consultant of one person living at the home.

We looked at all five people's care records, three staff files, staff training records, duty rosters, accident and incident records, quality assurance records, maintenance records, selected policies and procedures and medicine administration record sheets (MAR).

# Is the service safe?

## Our findings

Four of the five people living in the home told us they felt safe. They said “The accommodation is OK,” and “There are enough staff around.” However one person raised a safety issue with us relating to the management of behaviour that challenged. They said that some staff were better than others at providing support with this issue. We found that the home’s management were aware of this issue and they advised that they were in the process of addressing it.

The home’s policy on aggression noted “Aggression towards staff/others will not be tolerated, and could affect the continuance of the placement. Staff should always perform their duties with the aim of preventing verbal/physical aggression. In case of any form of aggression, staff should act in a manner that would reduce the likelihood of an escalation.” We discussed the organisation’s approach to behaviour that challenges with the manager and the director. The organisation’s policy on “Aggression towards staff and restraint” states that residents “should never be physically restrained except in the most exceptional circumstances...” We were told that there had been no instances of restraint being used within the last year and that staff were trained in managing challenging behaviour techniques to avoid physical assault as appropriate. However we found that approximately half of the staff members working in the home were due an update on challenging behaviour training (scheduled on a two-yearly basis). This failure to ensure staff were all appropriately trained placed people at risk from unsafe management of challenging behaviour.

The above information contributed to a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 regarding staff training and support.

Nobody had any restrictions on their freedom to go out of the home when they wished. The home had a safeguarding adults policy which they adhered to. The training record indicated that all staff had received recent safeguarding training. We looked at arrangements for supporting people with their finances, and these appeared to be suitable to protect them from the risk of financial abuse.

We saw a range of documents in support of keeping people safe, including safety certificates for the environment and individual risk assessments in place for people, to help

protect them from harm. We looked at the safety certificates in place for the home and found that these were up to date. According to the organisation’s fire safety policy: “a fire risk assessment for each resident is performed.” However there was no written evidence of this happening. The home’s fire risk assessment had not been updated since 2007 and did not specify action to take to minimise specific risks to individuals. We were particularly concerned about this as most of the people living at the home were smokers, and at the time of the inspection, they were permitted to smoke in their bedrooms. The lack of an up to date risk assessment meant the risk of fire in the home was not safely managed. The manager told us that they would be reviewing this policy following a change in insurance conditions.

The communal areas of the house were tidy but not very clean. The organisation’s policy on Hygiene and Food Safety states “staff must adhere to the standards in place regarding the cleaning and maintenance of appliances/work surfaces.” Whilst the equipment in the kitchen (microwave, cooker and fridges) were clean, the floor and skirting boards were dirty. The cupboard doors below the sink were damaged with the porous surface exposed. This meant they could not be properly cleaned from an infection control perspective.

There was a weekly health and safety checklist in place for the home, however it did not include people’s bedrooms despite people smoking in their rooms and one person being at risk of overloading plug sockets. We found that in one person’s room there was a dent in the wall, and the taps and toilet seat were loose, and in another person’s room the sink and toilet were badly stained. These issues and the issues in the kitchen had not been identified by staff working in the home, so they were not ensuring that all areas in the home were clean and safe. There was also no maintenance record in place for the service or food hygiene checklists other than fridge freezer temperatures recorded daily.

The above information was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which requires the registered provider to ensure safe and suitable premises.

The home’s staffing rota showed that there was one staff member on duty for early morning and evenings and night with a second staff member available between 11am-5pm. The manager advised that two new staff members were

## Is the service safe?

being recruited and trained to commence work within the home from December 2014. Some agency staff had been used to work in the home, but this was reduced to only one shift covered by an agency staff member in the last month. He said that agency staff were not authorised to administer medicines to people living at the home.

We asked the manager how day to day risk was assessed, especially when there was only one member of staff on duty. They told us that risk was discussed in handovers and at staff meetings. The director said there was always an experienced manager on call for the service for the staff to contact if they had concerns.

Each person's care plan included a detailed risk assessment, including risk factors and relapse indicators. These were updated monthly. However these did not provide specific guidelines as to how staff should support people, for example with regard to going on holiday, and managing seizures.

The manager of the service told us that there were two people living at the home subject to legal restrictions. These people's files did not include copies of the relevant legal forms or specific details of the restrictions which applied to these people. The director told us that one of the people was subject to a curfew. Unclear recording of such restrictions may contribute to a safety risk and people not receiving consistent support.

Decisions regarding people's ability to self-medicate were frequently made during Care Programme Approach meetings (review meetings with mental health professionals). However we did not always find that these decisions were reflected in the home's own medication risk assessments for each person. For example one person who was assessed as ready to self-medicate under observation by their clinical team, was refusing to allow staff to observe

them taking medicines. This was not made clear in the records, and the home's records on each person's ability to self-medicate were therefore in need of improvement to ensure that all staff supported people consistently. The manager advised that he had contacted the clinical team for guidance on supporting the identified person.

The above information was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 relating to the maintenance of clear records.

We looked at the recruitment records of a new staff member employed at the home and found that appropriate checks including a criminal records disclosure, identification, and satisfactory references had been obtained prior to them commencing work. This was good practice as it assessed the person's suitability to work in a care home.

People told us they received their medicines on time. Medicine administration records (MAR) showed that medicines were administered as prescribed. We checked all medicines administered to people by staff and found that the number of remaining tablets corresponded with records, which helped assure us of medicines being administered as prescribed. We found no prescribed medicines had run out, and that there were records of medicines coming into the service and being returned to the pharmacist.

One person was administering their own medicines unsupervised as set out in their care plan, and another person was self-medicating under observation. One person was regularly refusing medicines, and it was clear that the home had sought advice from this person's medical consultant as to how to support them whilst respecting their choice.



# Is the service effective?

## Our findings

People told us that they received effective support from staff at the home. Comments included “It’s OK,” and “Staff are good.”

The five people living at the home had complex mental health, physical health and social care needs including histories of not engaging with all services.

People living at the home mainly cooked for themselves, or brought in take away food. There was a poster on the wall in the kitchen about food hygiene, and the home had a copy of Safer Food, Better Business. The organisation’s policy on Hygiene and Food Safety states “all our staff will complete a food hygiene course.” However four staff members working in the home had not undertaken this training. This meant they may not be able to support and advise people about safe food hygiene practice.

The service gave people £30 per week each for food to encourage them to be independent in catering for themselves. People living at the home and staff told us that they mainly heated up ready meals or bought take away food but this was their preference. There was some evidence within the care plans that staff supported people with their diet and good nutrition for their health. There was evidence that weight was monitored monthly as part of the key working review sessions. People received annual physical health checks and we found an action plan regarding weight loss in place for one person.

We found detailed and up to date records in relation to people’s mental and physical health support including details of relevant appointments and contact with professionals. During the inspection visit two people were visited by health/social care professionals. We had the opportunity to speak with these professionals and later contacted a consultant psychiatrist who works with people living at the home. Feedback from all of these professionals was positive about the health and social support provided by the home. This showed evidence that staff supported people with their mental health needs.

Training records showed that staff had attended training covering a range of topics. However, we identified that some specific training had not been provided to enough staff to deliver care and treatment safely and to an appropriate standard.

The staff notice board indicated that fire training and emergency first aid training was booked for later in the month. We examined the training record for six people working in the home. Staff were up to date with safeguarding training, but two staff required medicines training, first aid training, equality and diversity training, and health and safety training. Four staff needed fire safety, food safety, forensic mental health, and personality disorder training and all six staff needed to undertake infection prevention training. One person needed mental health awareness training, and three people required training in managing behaviour that challenged.

Staff confirmed that they had not undertaken training regarding supporting a person with seizures or diabetes despite some people in the home having these conditions. They had also not received Mental Capacity training. The manager told us that he had attended epilepsy awareness training but did not describe any particular change in practice resulting from this training. This meant that staff in the home did not have the most up to date knowledge on managing seizures to enable them to ensure the person affected was effectively supported.

The above information regarding gaps in training was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The newest staff member who commenced work in July 2014 had not yet received any recorded supervision but had some training and an induction. Records were available for other staff indicating that they received supervision sessions approximately two to three-monthly, and annual appraisals providing them with support in their role at the service.

Staff told us that the mental health training was very good. They said that training was followed up through team meetings and in supervision. Staff on duty demonstrated a good understanding of the social care issues resulting from complex mental health needs and were able to describe an effective response to potentially high risk situations.

Staff had or were working towards a range of professional qualifications including National Vocational Qualification level 3 in care. The director told us that one staff member was being supported to complete a psychology degree, and all senior staff were due to attend a medication for



## Is the service effective?

managers course later in the month of the inspection. Two newer members of staff were also being supported in an adult's health and social care apprenticeship with a local college due to start in December 2014.

At the time of our inspection the manager told us there were no Deprivation of Liberty Safeguard (DoLS) authorisations in place and no applications had been

submitted for people currently using the service. All people living at the home confirmed that they could go out when they liked, and had keys to their bedrooms, however we noted that none had keys to front door of the home despite some people telling us that they would like to have a key. We passed this feedback to the manager and director.

# Is the service caring?

## Our findings

People told us that they had developed positive relationships with staff at the home. One person noted “The manager is so helpful!” and another person said “X always takes the time to talk to me.” One person told us “I’m planning to move out into my own accommodation,” and said that staff were supporting them in this aim. Others told us that they received the support that they needed to work towards their individual goals and develop or maintain their independence skills.

We were welcomed into the home by one person living there, who introduced himself and offered us refreshments throughout the day, indicating that they felt very much at home in the service. We did not observe many interactions between people living in the home and staff. However our discussion with the manager and staff on duty, demonstrated a good understanding of people living in the home and a positive approach to supporting people.

We observed people preparing their own meals and snacks and going out and returning to the home independently throughout the day.

Our observations showed that staff treated people with respect. Staff were polite to people, and encouraged them to be independent. Staff did not enter people’s rooms without their permission, showing respect for their privacy.

There was some evidence that people had been involved in completing their own care plans. There was clear information about the activities they preferred, and support to maintain contact with their families and meet cultural or religious needs. However there was much less evidence about people in terms of their likes and dislikes and ambitions.

We found that staff supported people to attend a place of worship if they so wished. Opportunities were also available for people to go on holiday with staff support if they wished to.

# Is the service responsive?

## Our findings

People living at the home told us that staff responded to their changing needs. We checked all five people's care plans including pre-admission assessments. We found that people's care plans were detailed in terms of managing risk and meeting their basic needs. Risks recorded included deterioration in people's mental health, physical health issues, social isolation, and self-neglect. Support needed to minimise these risks was recorded appropriately. There was clear evidence that staff encouraged people to maintain contact with their families, both within the care records (care plans, daily notes, contact sheets and correspondence) and from talking to people using the service.

People confirmed that they were consulted about their care plans and we also noted that the views of their nearest relative were also recorded where appropriate. The manager said they audited the care plans and we found that care plans were up to date and all sections had been completed properly. They were being reviewed approximately six-monthly or more frequently where significant changes to people's needs had occurred.

Care plans included a monthly key worker summary of support provided by a designated staff member to each person. These summaries included mental and physical health, compliance with prescribed medicines, progress with education, skill development and other activities. However we found that large parts of these monthly reports were repeated word for word over several months. Thus it was not possible to see clear information about how people were progressing towards their individual goals such as self-medicating, smoking cessation or finding employment, although we were told that people were making significant progress in these areas. This repetition had not been picked up by the manager in the care plan audits or discussions in team meetings or supervision sessions which were the mechanisms the director said were ways to ensure the service remained person centred.

For one person with a number of physical health conditions there was evidence that these were regularly reviewed as part of the key working process and that the service supported this person to receive the appropriate treatment and support. However we were concerned that there was no recorded risk assessment for a person who had diabetes, although staff advised that they provided support

in this area. We also found that the care plan for a person who had been experiencing seizures did not advise how to address and manage this risk other than to monitor regularly. The care plan was clear in its guidance on what to do in the event of finding someone post seizure and staff on duty were able to describe what they needed to do. There was no seizure chart in place for this person, although staff had noted some trends as to when these occurred. There was therefore a lack of detailed care planning records to help people manage their health conditions.

The above information was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 relating to maintaining clear records.

There was little evidence in the care plans of proactive planning in order to maintain hope and support ambition for people living at the home as part of their mental health recovery, although staff described some positive progress made by people at the home. We discussed this with the director who advised that they were looking at introducing a new system based on the Mental Health Recovery Star – an outcome based measurement tool. He noted that the organisation was also in the process of reviewing the current care and risk plans, to try to improve the input of people using the service.

Regular review meetings were held with people's mental health professionals. We noted that actions agreed at these meetings were undertaken by staff at the home, including supporting people to further develop independence skills or move out into more independent accommodation.

One person told us that they would like to take control of their own finances and at their request we fed this back to the manager.

We were told that no complaints had been received since the previous inspection, and this was confirmed by the service's complaints file. Records were available of regular residents' meetings indicating that people were consulted about the service and their experience of group living.

We spoke with three health or social care professionals who worked closely with people living at the home. They all gave positive feedback about the support provided to people and the service's responsiveness to people's

## Is the service responsive?

changing needs. They also indicated that people had made good progress in developing independence skills with a view to moving on into more independent accommodation.

There was a notice board within the home including details of a forthcoming trip to London Zoo, and monthly group activities available. These included a barbecue, cinema, shopping and museum trips. A Christmas party was also planned.

Other activities recorded for people included gym membership, attending a creative writing course, voluntary work, snooker, a seaside trip, visiting an art exhibition, the Wetland Centre, visits to parks, restaurants, the West End and shopping trips. Staff were able to describe people's activity preferences. One person's key worker was planning

to arrange a trip to see a comedy show. Another person was supported to visit allotments and see animals according to their preference. The manager advised that he was attempting to support one person to apply for an increase in their personal allowance. In the interim period, the home was paying for this person's bike maintenance, and had provided a bike shed at the front of the house in order to support them. People also had the opportunity to go on a group holiday arranged by the provider organisation.

This was all evidence that the service supported and encouraged people to visit different places and try out new experiences which they may not have been able to do without help. This is good practice.

# Is the service well-led?

## Our findings

People commented positively on the manager's approach and the way the home was run. One person said "There's nothing to improve." We saw records of meetings for people using the service and a recent survey asking them their views. Whilst these raised no significant concerns, there was some evidence of planning to improve the service based on feedback, for example introducing new group activities including cultural activities, and reminders about health and safety information. This helped assure us that people were involved in the service in a meaningful way.

There was also a provider newsletter which was circulated across the organisation, to which one person living at the home had contributed an account of the most recent group holiday for people living at services run by the provider.

Staff spoke positively about the management of the service and records of team meetings showed some evidence of appropriate support of the staff team although gaps in training needed to be addressed. Team meetings were held on a regular basis with recent topics discussed including medicines, team cohesion, information sharing, changing mental health landscapes, activities, and mental health conditions.

However details of handover meetings between staff shifts were not recorded to evidence that important information about day to day needs were shared with the staff team. We found some important gaps in record keeping within the home regarding care provided to people and maintenance management.

The manager had been in post for approximately one year at the time of the inspection and had submitted an application to register with the Commission. He was supported by the director who was the previous Registered Manager. The manager had qualifications in management and health management. He regularly worked providing direct support to people living at the home, with only one day per week available with dedicated management time. Whilst this gave him the advantage of knowing people's individual needs and preferences well, we queried whether this was sufficient management time for a service for people with complex mental health and physical health needs.

There was an on call rota available for all services run by the provider, with each manager covering a month at a time. This meant they were available 24 hours a day to the provider's three registered services to be on hand to give staff advice and support. There were records of weekly audits including checks on medicines, finances kept for safekeeping, incidents and accidents, cleaning and health and safety. Incident and accident records included details of medicine errors, altercations between people living at the home, and significant physical health incidents. However we did not see records of strategies to minimise the risk of harm to people using the service as a result of incident analysis.

There was evidence that the service responded to feedback from people living at the home. A written satisfaction survey had been undertaken to obtain the views of all people living at the home, covering people's feelings of safety, the cleanliness of the home, whether their needs were met, and their confidence in the staff supporting them.

The provider worked with a consultant to provide monthly input in improving the service. They had most recently conducted quality audits of the organisation's policies and medicine management however these were not available to the home manager, and were sent to us by the registered provider following the inspection. The director told us that the consultant audited the manager's weekly audit, undertook random checks in specific areas such as medicines, health and safety, supervision records, care and risk plans, and relayed any issues arising to the registered provider to bring about improvements for people living at the home.

A business development plan (dated November 2014) was in place for the organisation, including the development of step down accommodation (accommodation with less support than provided in a care home to allow people to live more independently), domiciliary care, review of organisational policies, and further staff recruitment. The director advised that they were reviewing the home's ethos based on the 'Recovery Star' programme and 'Working together for Change' in conjunction with the local authority commissioners and engaging with people on a one to one basis and in groups to gain their views on what works and what they think could be improved. Areas they planned to consider included leadership and strategy, creating a person-centred culture, community focus, support

## Is the service well-led?

planning and review, finances, human resources, staff development, recruitment and retention. An organisational policy review was also underway. This was evidence that the provider planned to improve the service.

The organisation had a contract with a human resources advisory service providing support as staffing levels increased along with the range of services provided. The provider advised that they were continuing with a rolling programme of statutory and refresher training, and also to train more staff in areas such as counselling and

therapeutic processes (such as cognitive behavioural therapy and mindfulness). They were also intending to provide training for staff, people using the service and their families in relation to personalisation and changing cultures in mental health service provision generally.

The provider also showed us detailed plans for marketing including improving the layout of information for people using the service and stakeholders, to ensure that this is easy to understand, reviewing the organisation's website and using electronic recording and files.

## 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

The registered person did not ensure that service users and others having access to the premises are protected against the risks associated with unsafe or unsuitable premises. **Regulation 15(1)(c)**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 20 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 a lack of proper information about them by means of the maintenance of an accurate record in respect of each service user, appropriate records in relation to employees and the management of the service. **Regulation 20(1)(a)(b)**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

The registered person did not have sufficiently rigorous arrangements in place to ensure that staff were appropriately trained and supervised to deliver care and treatment to service users safely and to an appropriate standard. **Regulation 23(1)(a)**



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.