CareTech Community Services Limited - 237 Kenton Road

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Inspection report

237 Kenton Road, Harrow, Middlesex, HA3 0HQ
Tel: 02089076953

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

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 pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

This was an unannounced inspection that took place on the 17 July 2014. At our last inspection in October 2013 we found that this service met all the national standards looked at.

CareTech Community Services Limited -237 Kenton Road is a care home that provides personal care and accommodation for up to twelve people who have learning disabilities. The home is located in a residential area of Kenton in the London Borough of Brent.

The home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of the inspection the registered manager was away and the home was being managed by the deputy manager until the registered manager returned in August 2014.

Summary of findings

The provider did not always promote people's well-being by providing them with the opportunity to participate in a variety of activities that had been chosen by them and met their individual varied needs.

Staff were up to date with mandatory training set by the provider, and received regular supervision and support. Most staff had qualifications in health and social care. However, staff had not received appropriate specific training to enable them to gain knowledge and understanding of the meaning of learning disability particularly profound and multiple learning disabilities (PMLD). Staff lacked understanding of how to interact and communicate in a positive and skilled manner with people with PMLD including visual impairment.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. We found that there were no DoLS authorisations in place. The manager knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. The service had plans to review whether any applications needed to be made in response to the recent Supreme Court judgement widening the scope of the DoLS.

We saw that staff were kind and treated people with respect. However, at times during the inspection there was not much meaningful interaction between staff and people who used the service. This was particularly evident during lunchtime and when people were in the garden with staff.

People's needs were assessed and details of people's communication needs and the care and support they needed were recorded in each person's personalised plan of care. Staff we spoke with were aware of the content of people's care plans. Staff liaised with healthcare and social care professionals to obtain specialist advice so people received the care and treatment that they needed.

There were systems in place to monitor the quality of the service and improvements were made when needed. However, there were areas where it was not apparent that strategies were in place to ensure staff received the appropriate training to enable them to deliver care and meaningful activities to people who had complex needs.

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?

Good

The service was safe.

We found that staff were recruited appropriately. Staff were clear about their roles and responsibilities and were supported by management staff. There were enough qualified and skilled staff at the home to meet people's needs.

The home had systems in place to identify and manage risks relating to people's health, welfare and safety. Staff understood what abuse was and knew how to report abuse if required. Staff knew that they should uphold people's right to make their decisions. The service had procedures in place in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards.

Medicines were stored and managed safely and people received the medicines they were prescribed.

Is the service effective?

Requires Improvement

Staff demonstrated some understanding of people's needs. However, care workers lacked specific knowledge of some people's complex learning disability and sensory impairment needs.

Staff had an understanding of people's dietary needs and preferences. However, the menu was not accessible to some people and there was a lack of interaction between staff and some people they supported during meal times and other times.

Staff liaised with healthcare and social care professionals who told us that their recommendations and guidance were acted upon in people's best interests. People had their health monitored closely.

Is the service caring?

Requires Improvement

Strategies to encourage relationships between staff and people who used the service were not well developed. People who were quiet, lacked formal speech or had a speech impairment tended to receive task based engagement from staff. Some staff did not show an understanding of people's complex ways of communicating.

Staff were respectful to people and were mindful of people's privacy and dignity when supporting them with their care needs.

Where people were not able to make decisions about their care, decisions were made in their best interest.

Summary of findings

Is the service responsive?

Requires Improvement

The home had a complaints procedure but it was not evident how people with complex needs were routinely encouraged and supported by the use of a variety of tools and aids to raise concerns about the quality of service.

People participated in some activities. However, people did not have an individual activity plan and it was not evident that for some people took part in meaningful planned activities.

People's needs were assessed and regularly reviewed. People's care plans were updated regularly to show changes in people's needs.

Is the service well-led?

Requires Improvement

Health care and social care professionals spoke highly of the manager. They told us that they had a good working relationship with care staff and the management staff.

Systems were in place to monitor the quality of the service provided to people and action was taken to make improvements when needed. However, there were areas that it was not evident that strategies were in place to ensure staff received the training that they needed to provide good quality care for people with complex needs. Ineffective communication between staff and people with complex needs, and few planned activities that met people's individual needs had not been identified by management staff.

Staff told us that they were listened to and felt able to raise any concerns or questions that they had about the service.

Caretech - 237 Kenton Road

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection was carried out on 17 July 2014 by two inspectors and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with the ten people living at the service. However, although we spoke with everyone living in the home nine people communicated with us by gestures, facial expressions, sounds or spoke a few words rather than by fluent speech. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed care and support provided to people in communal areas. We also looked at premises including some people's bedrooms. We viewed staff training records, four staff personnel records, four people's care plans and records about people's care and how the home was managed. We spoke with two care staff, two senior care staff, the acting manager, the Service Improvement Manager, and a relative of a person who used the service. After the inspection we spoke with a healthcare professional and three social workers.

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 reviewed the information included in the PIR along with information we held about the home. This information included notifications, safeguarding alerts and statement of purpose.

Following the inspection we asked the service to send us information relating to feedback about the service and staff training. This information was supplied to us by the acting manager.

Good

Is the service safe?

Our findings

A person told us that they felt safe living in the home and knew who to speak with if they had a concern about their welfare. A relative we spoke with told us that they were happy with the care that their family member received. Healthcare and social care professionals we spoke with had no concerns with regard to people's safety.

There were arrangements in place to protect people from abuse and to keep them free from harm.

The home had a whistleblowing policy and safeguarding adults' policy. The four care workers we spoke with were aware of those policies and told us that they had received training about safeguarding people. A flow chart for reporting abuse was displayed in the office. The local authority safeguarding team contact details were also displayed.

Care workers were clear about reporting to the manager if they became aware of a safeguarding allegation or suspected abuse had taken place. The care workers knew that they could report allegations to the police and the (CQC). However, two care staff required prompting prior to mentioning that they could report allegations of abuse to the local authority safeguarding team.

Assessments were undertaken to identify risks to people who used the service. When risk was identified for example; risk of falls, travelling safely by car, and risk of sunburn, we found guidance detailed the action that staff needed to take to minimise the risk of people being harmed. For example, a person's care plan file included information about the person being at risk of getting sunburnt. Guidance to minimise that risk was documented. During our inspection we found that staff followed this guidance. We saw there were plans in place for emergency situations, such as outbreak of fire. Staff had received training with regard to fire safety.

Staff took appropriate action following incidents. We found that incidents were recorded and where appropriate reported to organisations including CQC and local authorities. Action had been taken by management staff to minimise the risk of incidents happening again. For example, extra checks of medicines were carried out following an incident with regard to the management of medicines.

Systems were in place to support people in the management of their money. We found that people's income and expenditure were recorded and receipts were obtained when people bought items. Records showed that checks of people's monies had been carried out by the manager and by representatives of the provider.

The acting manager was aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make decisions for themselves. Care staff we spoke with demonstrated a basic understanding about the MCA and DoLS. The acting manager was aware of the recent Supreme Court judgement which extended the scope of DoLS and she had recently attended mental capacity training arranged by a local authority. We found that in a recent audit carried out by a senior manager that staff training in this topic had been identified as needing improvement. In April 2014 records showed that there were seven staff who needed to complete training in MCA and DoLS. The acting manager had a plan in place to address this.

Managers and staff of the service were aware that when people were unable to make a particular decision, their relatives or representatives, advocate, registered manager, healthcare and social care professionals would be included in the process of making a decision in the person's best interest. Records showed that a person's capacity to understand and make a decision had been assessed and a decision made in their best interests about the purchase of some sensory equipment. Also, a healthcare professional told us that they had participated with staff in making a decision in a person's best interests about the person's health. A social worker who participated in a best interests meeting told us that staff had shown an awareness and understanding of the MCA. Staff we spoke with were aware of the decisions that people were able to make. The Service Improvement Manager acknowledged that people had not received mental capacity assessments that identified any decisions they were unable to make about their care and treatment and told us that the acting manager and a senior manager had planned to carry out these.

The manager and senior manager knew what constituted restraint and were aware of the recent Supreme Court judgement in respect of Deprivation of Liberty Safeguards (DoLS). The Service Improvement Manager was aware that it was likely that DoLS applications were required for most

Good

Is the service safe?

people because with regard to their safety they needed to be supervised and accompanied by staff or family members when out of the home. They told us that they would liaise with the local authority DoLS lead and make DoLS applications without delay to ensure that people who used the service were not unlawfully restricted.

We saw that people moved freely within the home and the garden. A person told us that they could access their bedroom whenever they wished and demonstrated that during the inspection.

A person who used the service told us they thought there were generally enough staff on duty. The acting manager told us that 'bank' staff employed by the organisation could be called at short notice when needed. Records confirmed staff replacements were provided when permanent staff were unavailable due to training or other reasons. During the inspection there were sufficient staff on duty to meet people's care needs and to enable some people to go out for walks. Some people received one-to-one support from staff. We looked at four staff files and found there was a robust process in place for recruiting staff. Appropriate checks were carried out so only suitable staff were employed by this service to provide people with the care and support that they needed.

Since the previous inspection there had been three incidents to do with the management and administration of medicines. We found that action had been taken to improve practice and procedures. For example, checks of the medicines were carried out during each shift and weekly checks were carried out by the deputy manager or acting manager. Records confirmed this. Records showed that six monthly assessments of staff competency to manage and administer medicines had been carried out. A care worker told us that the administration of medicines had been discussed during their recent supervision meeting.

People's medicines needs and guidance to meet those needs were recorded in their care plan. Staff had received training in the management and administration of medicines. We looked at four people's medicines administration records. These were up to date, with no gaps in recording when medicine was given to the person. This informed us that people had received their medicines at the prescribed time. Records showed that the manager had carried out checks to make sure people had received the medicines they needed.

Requires Improvement

Is the service effective?

Our findings

Staff we spoke with were able to tell us about some people's communication needs. For example, a care worker informed us that they knew by a person's facial expressions when they were happy or unhappy. However, the Provider Information Return showed most staff had not received personalised care planning training and no staff had received positive behaviour support training in the last two years. It was not evident that staff had received specific training about learning disability particularly profound and multiple learning disabilities (PMLD). Staff showed a lack of awareness and knowledge about action they could take to reduce people's uncertainty and apprehension, foster people's independence skills, improve inclusion for those who experienced PMLD and assist them with their communication needs. An example of this included; care workers being unable to explain to us what learning disability means. A care worker told us that they wished a person could speak as they found it easier to interact and communicate with another person who could speak some words and make sounds.

We also found that some people were not well supported with their communication needs. People did not have access to tools such as communication passports [a practical guide to help people communicate with a person who is unable to speak] and objects of reference [objects used to enhance communication with a person who is unable to speak or learn sign language] to support them with their communication needs. Staff we spoke with were unfamiliar with those or similar tools which indicated that they had not received the training they needed to communicate with people with complex needs. During lunchtime we observed a member of staff try to support a person who had profound learning disabilities with their meal. We saw no indication that the staff member prepared the person who had profound learning disabilities for their meal by using objects of reference or physical cues. The food was rejected by the person.

Staff were generally respectful to people. However, it was not evident that staff were trained and supported to build meaningful effective relationships with people who used the service. People who were quiet, lacked speech or had a speech impairment tended to receive task based or little engagement from staff. For example, after lunch most people who used the service congregated in the garden and we found that there was little or no interaction between people and the four members of staff who were with them.

This was a breach of Regulation 23 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010.

The home was generally clean. However, the carpet and chair in the upstairs office, a sofa and some the dining chairs in the downstairs kitchen were stained. The environment lacked colour and paintwork was chipped in some areas. There was little evidence of signage or that furnishings, furniture and décor had been chosen to make it easier for people with visual impairment to navigate their environment and promote their independence. However, people's bedrooms were personalised. A person who used the service told us that they liked their bedroom.

Most people living in the home were unable to tell us whether they felt that staff had the appropriate knowledge and skills to provide them with the service that they wanted and needed. A person who used the service told us that they were happy with the service they received in the home and said "I like it here, they give me the help that I need, don't want to move." Healthcare and social care professionals told us they thought that people received the care that they needed. They commented that "staff seem to be on board with things," "they contact us for advice and follow it when we give it" and "they manage people's needs very well".

Staff completed induction training and had received training on a variety of topics relevant to their role. Staff training included first aid, medicines administration, safeguarding adults, equality and diversity, health and safety and fire safety. A member of staff attended fire safety training on the day of the inspection. Some staff had also received some specialist training relevant to people's specific needs. This included diabetes, epilepsy awareness, conflict management and valuing and respecting difference.

The menu was displayed on notice boards with other notices and information. It included varied meals and was in picture format but the pictures were very small. Staff assured us that people could identify the meals from the pictures but it was not evident as to how people with a profound visual impairment were able to know what meals were on the menu.

Requires Improvement

Is the service effective?

Staff we spoke with had knowledge and understanding of people's food and drink preferences, hydration and nutrition needs. People's food preferences were recorded in their care plan. A care worker told us about a person's dietary needs and spoke about the guidance from a speech and language therapist and a dietitian that needed to be followed to meet those needs. This guidance was accessible to staff. Another staff member spoke of meals provided that met a person's cultural needs and preferences.

Healthcare and social care professionals told us that they were kept informed of changes in people's needs and were confident that they would be told of incidents to do with people who used the service. A social worker told us that a person had become much more 'calm' since living in the home and that generally staff understood the person's specific needs. The social worker provided us with an example of how staff supported a person to take part in their care plan review meeting. Staff had organised the meeting to take place in the kitchen at a time when the person who used the service enjoyed a snack and the person joined the meeting. Prior to this action the person was reluctant to do so.

People had access to health services. Staff were knowledgeable about people's health needs. The four care plans we looked at showed that people had attended hospital and GP appointments and had received visits from a community learning disability nurse, social workers, psychiatrist, opticians and chiropodists. People had an individual Health Action Plan which included details about each person's communication needs, personal care, medication and health needs. A person who used the service told us that they saw a doctor when they needed to, and said that a person had come to the home and "checked my eyes".

Staff told us that there was good teamwork and they received regular supervision and appraisals. Records confirmed that staff had monthly supervision meetings with senior staff. These meetings included some discussion of people's needs.

Requires Improvement

Is the service caring?

Our findings

People were well dressed when we visited. A person told us that they had chosen the clothes that they were wearing. Two people nodded their head, smiled and indicated by gestures that they liked what they were wearing. A person who used the service told us that they could choose when they wanted to go to bed and get up. A person told us that they were involved in decisions about their life, which included decisions about the delivery of their care and the activities they participated in. They said, "I choose what I want to do." However, during the inspection we found that some people were involved in decisions about what they wanted to eat and drink, but it was less evident that people with significant sensory and communication needs were supported to make similar choices. For example, a person was given scrambled eggs; we did not see them being offered a choice of meal. However, we saw that the person indicated that they enjoyed their scrambled eggs. Also we saw a care worker take a person's drinking glass away from them without providing the person with a choice of having more to drink or whether the person was happy to have their glass taken from them.

A person who used the service told us that they regularly met with their keyworker to "talk about things". We saw some 'My Talk Time' records which detailed monthly 'chats' between staff and people who used the service. These records included information about activities people wanted to do such as shopping but did not show how people with significant communication and sensory needs communicated these requests to staff. It was not evident that there was a system in place to demonstrate how people with complex needs were being supported to be involved in making decisions about their care, health and support. This was further evidence of the need for staff to receive appropriate training to enable them to meet people's significant communication needs.

We found copies of the service user guide were in people's care files. People were unable to access information about the service as it was not evident that they had their own copy of the document or that it was available in formats suitable for people's varied communication needs. The Service Improvement Manager told us about the plans to ensure people had better access to the service user guide information about the service.

A person who used the service told us that staff were kind and provided them with assistance when needed. Comments from people included "my key worker helps me." "I get help when I need it. I have a care plan, it is in the office." When we asked a person who used the service if staff were kind the person gave us a 'thumbs up' sign and smiled. A relative of a person told us that they attended meetings where the person's care needs were reviewed. The relative told us that the staff were "very good," and the person important to them was "always clean and dressed nicely". A social worker said that "people received the care that they needed". Another social worker told us that a person's keyworker took responsibility in supporting a person with their care needs.

People's care plans included information that was 'person centred' which included details about the person's background, their preferences, what was important to them and how they wanted to be supported. However, this information was located in the office within large individual files. A person who used the service told us that "I have a care plan. It is in the office." The acting manager and senior manager told us about their plans to ensure that all the people living in the home had a summary of their care plan in a format that they could understand, including people with communication and sensory needs.

We noted that interaction between staff and people who used the service varied. We saw some staff interacted with people in a positive manner. For example, we saw a care worker asked a person if they wanted to have shower and when the person indicated by gestures that they were not ready this decision was respected. Later the care worker was seen asking the person again if they wanted a shower and this time the person indicated that they were happy to have one. Another staff member was seen asking a person if they wanted to go for a walk and when the person agreed the member of staff supported them to get ready. A care worker in a polite and supportive manner encouraged a person to take their medicines and thanked them afterwards.

Throughout the inspection people's privacy and dignity were respected. We saw that staff knocked on people's bedroom doors and closed bedroom and bathroom doors when assisting people with their personal care.

Requires Improvement

Is the service caring?

People were supported by family, friends and others important to them. A person who used the service told us that they regularly visited their family and met up with friends. Another person who used the service had an advocate who attended the person's review meetings.

Requires Improvement

Is the service responsive?

Our findings

There were some examples of people taking part in activities. Three people attended day centres during the inspection. In the afternoon on the first floor unit four people watched television and one person played a game. Two people went for walks and a person accompanied a member of staff when they collected people by car from a day centre. However, no one who used the service had an individual activity plan or had a written timetable of planned activities. During the inspection most people did not take part in planned meaningful activities. There were significant periods of time when people sat in the lounge and garden or paced up and down. We saw a care worker spend a few minutes kicking a ball with a person who used the service. Another care worker gave a person who had a visual impairment a shoelace that the person held and moved from hand to hand. It was not evident that the person had the opportunity to access other objects or activities that met their specific needs. Other people spent time sitting in the garden with care workers who frequently spoke amongst themselves rather than engaging with people who used the service. The television in the ground floor lounge was switched on during the day but it wasn't evident that people watched it much or had chosen the programme.

We were shown an activity room that had equipment that included a keyboard and a table football game. A care worker told us that some people had that morning taken part in a table football game. In the ground floor lounge there were puzzles and board games that we did not see being used during our visit.

This was a breach of Regulation 9 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2010.

Records showed that resident's meetings took place. Topics discussed included the home and food. However, minutes of these meetings only included feedback from people who could speak. There was no indication that people who were unable to speak had been supported by staff to express their views by the use of tools such as; pictures, key words and intensive interaction (an approach to teaching the pre-speech fundamentals of communication to children and adults who have severe learning difficulties) to participate in these meetings and provide feedback about the service.

We saw that the home had a complaints procedure which was available in the home and in the service user guide. A person told us that they would speak to staff if they had a worry or a concern. A relative of a person who used the service told us that they would "tell staff if anything was wrong". We were told by management staff that there had been no complaints from people.

The four care plans that we looked at showed that assessments were undertaken to identify people's care and support needs. Staff we spoke with were able to tell us about people's varied needs.

Staff supported people to meet their spiritual needs. A person who used the service told us that birthdays and religious festivals were celebrated in the home. A person who used the service had recently attended a place of worship.

We saw that people had access to walking aids and wheelchairs. A person told us that they had their own walking frame which we saw them using. Staff had made an appointment for a person to see an optician because the person's glasses did not fit well.

There were systems in place to gain feedback from people. Records showed that in June 2014 relatives of people who used the service had been sent questionnaires. During the inspection questionnaires were being prepared to be sent out to other people involved with the service. A relative of a person who used the service told us that they had been sent a feedback form which had included a question about what they thought of the staff. The relative told us that they had said that staff were "very good." People involved in the service told us that they were listened to and staff responded appropriately to their feedback.

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager, but at the time of our inspection the registered manager was taking a period of planned extended leave which as required they had notified us. The home was being managed by an acting manager whose previous role was deputy manager in the home. The acting manager was supported in her role by senior management staff who regularly visited the home and carried out audits.

We found that although people's care plans included some assessment and guidance about how to meet their needs it was not evident that the management team provided the information, training and support staff needed to provide good quality care for people with complex needs. Ineffective communication between staff and people with complex needs, and few planned activities that met people's individual needs had not been identified by management staff. We spoke with the acting manager and the Senior Improvement Manager about these issues and they told us about their plans to improve these areas of the service.

A member of staff told us that they found the manager and other management staff approachable. They told us that they could talk to them "about anything". A social worker spoke in a positive manner about the registered manager and told us that "major improvements" had been made to the service since she had been in post. The healthcare and social care professionals spoke positively about the service. Comments from them included, "The manager is very good. There have been major improvements," "I have no concerns," "We are generally very happy," "They [staff] contact me to let me know about reviews," "They contact us for advice" and "Staff seem on board with things". A person who used the service knew who the acting manager and the registered manager were and spoke highly about them both.

Staff told us that they had the opportunity to attend staff meetings. We saw that medicines management and administration and safeguarding people had been discussed in a recent staff meeting. A care worker told us that they felt listened to and able to raise issues about the service with the staff team including the manager. Another staff member commented, "Everyone works well in a team."

There were arrangements in place to complete regular checks of the systems within the home and to monitor the quality of the service. We found that regular audits of the medicines, incidents, accidents, people's finances, fire safety and the environment were carried out by management staff. Records showed that a senior manager had carried out an 'Operational Performance Monitoring Visit' and had identified that some improvements were needed, such as ensuring that there was evidence of people being offered choice, and that staff understood the Mental Capacity Act 2005. An action plan with timescales was in place for these.

We found that when incidents had occurred appropriate action had been taken by the registered manager and acting manager. For example, following a medicines administration error the incident had been reported to the local authority safeguarding team and the CQC, investigated by the manager, and discussed during staff supervision and team meetings. The acting manager told us about how the home and staff had learnt from the incident.

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	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff Regulation 23 HSCA (Regulated Activities) Regulations 2010 Supporting workers. The registered person did not have suitable arrangements in place to ensure persons employed for purposes of carrying on the regulated activity were appropriately supported to enable them to deliver care to service users safely and to an appropriate standard. Appropriate training about people's complex needs was not being provided to staff. Regulation 23 (1) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services. The registered person was not taking proper steps to ensure that people were protected against the risks of receiving unsafe or inappropriate care by means of the planning and delivery of care by ensuring people's welfare and safety and reflecting where appropriate professional and expert bodies as to good practice in relation to such care and treatment. People's individual needs through provision of meaningful activities were not being met. Regulation 9 (1) (b) (i) (iii)