

St John's School & College

Ashington Gardens

Inspection report

73 Ashington Gardens
Peacehaven
BN10 8UG

Website: www.st-johns.co.uk

Date of inspection visit:
17 November 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

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 ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Ashington Gardens is a residential care home providing accommodation and personal care to four people. The service can support up to six people. The service was a detached bungalow with a garden, near to the town. People had their own bedrooms and bathrooms. There were shared eating and living areas.

People's experience of using this service and what we found

Right Support:

Risks to people were not always assessed, monitored and managed safely. Systems in place did not always protect people from abuse and improper treatment. Staff did not always have the right support to make sure they were confident and had the right skills and experience to meet people's needs safely and effectively. People's medicine support was not being managed safely. There were enough staff to meet people's needs. The service was clean and hygienic. There were safe recruitment practices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did support this practice.

Right Care:

People's relatives gave us mixed feedback about how involved and engaged they were with planning people's support or developing the service, to help people achieve good outcomes. People had not always been supported to assess or plan their care in personalised ways, which had affected their health and well-being. People had support to take part in activities they enjoyed at home and in the wider community. People communicated with people in the way they preferred and treated them with dignity and respect.

Right Culture:

Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Internal quality assurance systems and processes to maintain and develop the safety and quality of care were not always operating effectively. Staff and relatives said there had been a poor culture, with a lack of open communication and staff not always working well together having a negative impact on the delivery of good care. People told us they were happy living at the service. People's and staff members equality and diversity and human rights were promoted and respected.

The provider was aware of the need for improvements and was committed to providing the necessary

resources to make this happen as quickly as possible

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published April 2019).

Why we inspected

This inspection was prompted by whistleblowing concerns raised about people's safety.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe, effective, caring, responsive and well-led sections of this full report.

Enforcement and Recommendations

We have identified breaches in relation to person-centred care, risk management, abuse, governance and staffing at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will ask the provider to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ashington Gardens

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and an assistant inspector.

Service and service type

Ashington Gardens is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashington Gardens is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. Inspection activity started on 17 November 2022 and ended on 28 November 2022. We visited the location's service on 17 November 2022.

What we did before the inspection

Before the inspection, we reviewed information we held about the service. We considered the information which had been shared with us since the last inspection by the provider, the local authority and other agencies and health and social care professionals. This information helps support our inspections. We received email feedback from one health care professional about their recent knowledge of the care being

provided at the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with and observed the support of four people who used the service. We spoke with 13 members of staff. This included 6 support staff and senior support staff, the deputy manager, the registered manager, the provider's head of services, the provider's internal head of nursing support and 3 members of the human resources and learning and development team. We reviewed a range of records. This included 2 people's care and medication records and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with and received email feedback from 5 relatives of people using the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. At the last inspection this key question was rated as good. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management, Learning lessons when things go wrong

- People with risks to their health and welfare related to their complex support needs, including expressing emotional distress, were not always assessed, monitored and managed safely.
- People who experienced emotional distress risk assessments' and support plans contained incorrect and inconsistent details about how to safely meet their needs. This increased the chance staff would not know how to recognise and act quickly to reduce the risk of harm to people's health and wellbeing during periods of heightened emotional distress.
- There had been an extended period of incidents involving a person becoming emotionally distressed and placing themselves and others at serious risk of harm. Staff and management had not acted quickly to review and agree the safest way to support the person or review other people's emotional distress needs to check their support was safe enough.
- Staff remained unconfident about how to support people with risks associated with their emotional distress. This continued to place people at potentially serious risk of harm to their health and increased the chance they may experience avoidable pain and discomfort or distress.
- Systems in place for staff and management to report, review and investigate other safety incidents, and act to prevent them re-occurring were not operating effectively. Staff were not always recording or reporting incidents quickly enough and sharing learning to help prevent incidents from happening again.

Using medicines safely

- Medicines were not safely managed. There had been a high number of repeated medicine administration errors over the last 12 months, including recent errors where people had missed or been given the wrong amount of prescribed medicines. One relative told us, "I have lost count with the number of errors. There was one recently...it should have been picked up nearer the time...I do have concerns about this."
- People who had been prescribed PRN medicines did not always have adequate protocols or information in their care plans to direct staff about when and how to safely give them their medicines. There had been a significant extended period where staff had not always given one person their 'as and when' (PRN) medicines as prescribed to help reduce serious risks to their health and well-being.
- Medicine stock control systems were not operating effectively to allow staff to know how much medicine was being kept in the service, increasing the chance of theft or misuse or people not having enough medicine.

The provider had failed to assess, monitor and manage risks to people's health and safety, provide safe care and treatment, manage medicines safely or ensure lessons were learnt. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All of these risk management concerns were fed back to the provider during the inspection who acknowledged the issues. After our inspection visit, we asked the provider to send us further information about actions they would take to address risks to people's health and well-being identified during the inspection. We received these assurances as requested.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes to keep people safe from abuse and improper treatment were not operating effectively.
- Some staff we spoke with were not confident to report suspected incidents of abuse and were worried about raising issues internally as they felt these would not be acted on by senior management. Some relatives said they had concerns about a culture within the service of not acting quickly, transparently and openly in response to concerns and complaints about people's welfare.
- There had been recent safeguarding incidents involving allegations of abuse against people at the service. These incidents had not been recognised as potential abuse or reported by staff at the service externally, to help the provider and other partnership agencies review and act to keep people safe while the concerns were investigated.

The provider failed to ensure systems and processes protected people from abuse and improper treatment. This is a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had acknowledged internal complaints about abuse concerns were not always being acted on quickly enough by senior management and had put in place an action plan to address this.
- At CQC's request, following our inspection visit backdated external safeguarding reports and abuse notifications had been sent externally for review and follow-up action accordingly.
- People we spoke with told us they felt safe from abuse at the service and liked staff. Some other relatives said they were not concerned about abuse occurring at the service.

Staffing and recruitment

- Staffing rotas were managed safely. The service was experiencing several unfilled support and senior support worker vacancies but had deployed enough suitably trained staff on each shift via use of agency staff and permanent staff and management covering shifts when needed.
- Some relatives and staff told us they felt less experienced permanent and agency staff required more support to be able to meet people's needs safely and effectively, and this increased the pressure on other staff. The provider was aware of this. Agency staff were informally assessed to check their suitability to work at the service. Experienced staff were currently being deployed from other services to support managers to help supervise agency and less experienced staff.
- The provider had systems in operation to help ensure safe recruitment practices. Pre-employment checks for potential new employees were carried out, to help prevent unsuitable staff from working in a care setting.
- The registered manager and HR team were in the process of implementing an updated comprehensive induction to help give agency and permanent new staff the knowledge and skills they needed to support people safely. We reviewed a selection of permanent and agency staff recruitment files and saw that recruitment, induction and supervision processes had been followed as per the provider's systems and policies.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was responding effectively to risks and signs of infection.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
- Visiting in care homes.
- The provider was facilitating visits to people living at the home in accordance with current infection prevention and control guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law, Supporting people to live healthier lives, access healthcare services and support, Staff working with other agencies to provide consistent, effective, timely care

- People's needs were not always holistically assessed to consider what people wanted and needed from their support. While we did not observe any overt or direct discrimination when we visited, we found staff and management had not always considered people's social, mental and emotional needs or associated best practice guidance when delivering people's support.
- Relatives told us they did not feel staff had always effectively assessed their family member's needs in all areas of their lives when they had moved into the service, affecting their quality of life.
- Staff and managers confirmed that the provider had not always shared important information about people's support needs internally before people had moved to the service, to make sure staff knew how to support them to achieve good outcomes from their care.
- One staff said, "We were not given the right information by the admission team before they moved in and this was not checked". This had resulted in people not being supported in line with their medically assessed needs, resulting in ineffective support that had affected people's quality of life and emotional and physical safety for long periods.
- Although the provider had a dedicated 'Positive Behaviour Support' PBS team, not all people with emotional support needs had not been supported by staff to carry out a complete functional assessment of their emotional support needs, to help inform an effective care plan. This increased the chance staff may not know or effectively employ preventative and positive interventions to help avoid the need for using reactive and restrictive practices when supporting people.

Failure to assess and design care to ensure people's preferences are achieved and their needs are met is a breach of Regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- We received some positive feedback from relatives and other health and social care professionals about, and saw examples of, how staff had supported people to make quick referrals to health care professionals when they were unwell.
- Records were kept of people's healthcare appointments and people had 'care passports' to help share information with health professionals about people's medical needs.

Staff support: induction, training, skills and experience

- The provider had developed a comprehensive induction, training and supervision programmes. However, all staff we spoke with told us they were not confident they or their colleagues would be able to effectively employ physical intervention techniques if these were required despite having regular training. This increased the chance staff would not know how to or may not be able to support people safely or in the right way.

- We received mixed feedback from staff about how effective the supervisions and support to understand and reflect on their practice they received. We were told there was often conflicting advice and information, or lack of response, when they approached various internal teams within the provider's organisation for support. This had resulted in poor outcomes for people. For example, there had been lack of supervision or review by internal PBS teams despite repeated reports of staff requiring support to manage people's emotional needs safely. This included a noted lack of response after there had been an incident where staff had employed an unauthorised physical intervention technique on a person, increasing the chance the person could be unnecessarily restricted, or they and staff could get hurt.

Failure to ensure staff had received appropriate support, training and personal development to carry out the duties they are employed to perform is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed staffing and assessment concerns with the provider during the inspection. These concerns were acknowledged, and we received assurances about actions the provider was implementing to address these concerns. Staff and management said they felt these actions were a positive step in the right direction, but more time was needed to embed improvements.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Staff understood the relevant consent and decision-making requirements of this legislation. People's mental capacity to be able to make decisions about different activities had been assessed or regularly reviewed by staff. Where people had been assessed as not being able to make certain decisions, a person to act in their best interests had been identified and involved in agreeing this. Where renewals of DoLS authorisations were needed, these were in the process of being applied for by the management team.

Supporting people to eat and drink enough to maintain a balanced diet

- If necessary, staff had sought advice from speech and language specialist (SaLT) about people's specific dietary needs and to help develop eating and drinking guidelines. During our inspection visit, we observed people were involved in choosing and preparing their meals.

- People told us they liked the food they chose. We observed people making dinner during our visit and saw how they enjoyed this, and were encouraged by staff to choose, prepare and cook as independently as

possible.

Adapting service, design, decoration to meet people's needs

- The service had a communal kitchen, dining room, lounge and a garden where people could take part in activities and meet with other people and visitors. People could spend time in their individual rooms whenever they wanted, and these had been personalised according to their choices. Each person had their own toilet and shower room.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity, Supporting people to express their views and be involved in making decisions about their care

- One relative told us they had concerns about staff not listening to people and allowing them to express their views or respect their choices. Since the last inspection, there had been safeguarding incidents where staff across the organisation had not demonstrated people were well-supported or treated with dignity and respect.
- Some relatives felt staff did not always support people directly and indirectly via family members and other advocates, if appropriate, to help them understand information about their support and make the right choices for them.
- The provider was aware of these concerns and had begun to put actions in place to improve and address these concerns.

Respecting and promoting people's privacy, dignity and independence,

- People and other relatives we spoke with did not express concerns about staff not being kind and caring. One person said, "I like all of the staff". A relative said, "I think [name] receives lots of kindness from staff." Another relative said staff treated their family member with dignity and encouraged their independence. They said "Their autonomy and confidence have improved."
- We saw examples of staff talking and communicating with people in a respectful manner, acknowledging their choices and involving them in the support they were receiving. One staff said, "One of our key values here is to have respect for others, listening, giving people opportunity to speak, freedom to make mistakes, allowing space and offering them choices to help explore what they want to do".
- The registered manager and deputy manager regularly worked alongside staff and carried out observations of how they worked with people to ensure people were treated kindly and encouraged to be as independent as possible. Staff used a variety of methods to communicate with people, including pictorial 'social stories' to help them understand tasks and plan things they wanted to do, including going out on their own to do day to day tasks like shopping and other activities they enjoyed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- An ineffective assessment process had meant that some people's care plans lacked detail about their individual preferences, emotional and social needs as well as their strengths and levels of independence. This increased the risk staff may be neglecting or not responding in the best way to people's personal wants and needs.
- Some relatives said they felt staff could be better at including them in understanding their relative's needs and preferences and planning their support.
- Staff we spoke with were aware of the needs of the people and how they liked to be supported. People and other relatives told us they thought staff helped people to have choice and control when agreeing what support they wanted and needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People who lived at this service attended a specialist education college run by the provider's organisation during the week. As well as this educational support, people had support to carry out social activities they liked. One person told us, "Staff do help me to think about things that I would like to do. Going to college, I get the bus over there. Staff help me to become more independent."
- Our visit to the service included observing people were having support from staff to go out in the evenings after college had finished for the day to take part in activities. One person told us that the night before they had gone to musical concert which some of the other people living at the home had been performing in. Other people had support to take part in regular activities they enjoyed, such as swimming, going on nights out to pubs and clubs and visiting different places.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were provided with accessible information if they required this. We saw information about people's communication preferences was recorded and in use, and people were given information about their support in ways they understood.

Improving care quality in response to complaints or concerns

- Improvements were needed to ensure complaints were consistently well managed. Some relative told us they did not feel complaints they made were always listened to or responded to well.
- The provider had a complaints policy and staff told us they would report any complaints they received from people or relatives to the manager for investigation.

End of life care and support

- No one at the service was currently being supported with end of life care. If it were to become necessary, people could be supported to consider advance care planning, to make sure they got the right support, resources and equipment to have as dignified and pain free a death as possible.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care, Working in partnership with others

- Internal quality processes to review and audit service performance and quality were not operating effectively. There were a regular variety of comprehensive internal and external audits of all areas of care delivery at the service, but these had not always identified or prevented safety and quality issues occurring or continuing at the service. These included repeated medicine errors; staff not assessing or identifying risk management actions that were safe enough to reduce risks of harm to people's health and wellbeing and people's care records not being accurate or up to date.
- Management, staff and relatives all said staff from the provider's internal organisation had not always worked well with them to ensure information and reviews about people's support needs was shared, agreed and implemented consistently, increasing risks to people's health and quality of life.
- Leadership at the service and the provider's governance frameworks had not been effective in ensuring staff at all levels were aware or able to effectively fulfil their responsibilities to provide a good standard of care.
- At this inspection we found standards of care had deteriorated since the last inspection. Multiple breaches of regulations had occurred, placing people at avoidable risk of harm to their health and well-being and impacting negatively on their quality of life. Statutory notifications had not always been submitted to CQC regarding safeguarding incidents, as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was not always a positive, inclusive and empowering culture at the service. Staff and relatives raised concerns about a poor culture at the service since the last inspection. This was thought to have caused low morale and lack of open communication between staff at all level, which had a negative impact on people and meant they had not always achieved good outcomes from their support.
- Several staff raised they felt unsupported by senior management within the organisation. We were told staff did not feel listened to and were isolated from other internal teams, which meant it took longer to resolve quality and safety issues. Some staff said they had been afraid of speaking openly about this perceived lack of support for fear of negative repercussions

There were failures to ensure quality assurance and governance systems were effective in ensuring service performance was evaluated and improved, risks to people's safety were identified and managed safely, records related to the provision of support for people were adequately maintained and staff worked well

with others. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider was aware of these issues and shared assurances regarding the actions they were taking to address these governance concerns when raised with them during the inspection.
- Relatives, staff and management said the recent on-going staff and management turnover and vacancies had impacted the quality of care people received.
- It was acknowledged by staff and relatives this situation was improving and allocation of additional resources to support staff at the service was making a positive difference. One relative said, "Things are getting better". A staff member said, "Things have improved since the new manager arrived". Another staff said, "I feel the organisation is quite keen to progress and move on".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities regarding duty of candour. Relatives told us they had been informed of previous incidents where things had gone wrong in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they liked living at the service. Staff had helped people to understand about their own and other people's equality, diversity and human rights, to help make sure these were upheld and people's differences were equally respected.
- People were involved in helping to recruit staff, and there were regular formal and informal processes to gain their views about developing the service throughout the year.
- Staff equality, diversity and human rights was respected, promoted and upheld as per the provider's Equality and Diversity Policy. There was a diverse staff team employed at the service. Any necessary workplace adjustments had been made accordingly to ensure the maximum opportunity for individual staff and collective team development and progression.
- There were regular people, staff and relative meetings and opportunities for them to engage and be involved in how the service was run.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Failure to assess and design care to ensure people's preferences are achieved and their needs are met is a breach of Regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess, monitor and manage risks to people's' health and safety, provide safe care and treatment, manage medicines safely or ensure lessons were learnt. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to ensure systems and processes protected people from abuse and improper treatment. This is a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

There were failures to ensure quality assurance and governance systems were effective in ensuring service performance was evaluated and improved, risks to people's safety were identified and managed safely, records related to the provision of support for people were adequately maintained and staff worked well with others. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Failure to ensure staff had received appropriate support, training and personal development to carry out the duties they are employed to perform is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.