

Woodhouse Care Homes Limited

# Pranam Care Centre

## Inspection report

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 7 and 8 January 2016 and was unannounced. This was the first inspection of the service since it was registered in June 2015.

Pranam Care Centre is a nursing home which provides accommodation, nursing and personal care for up to 52 older people. Some people were living with dementia. At the time of our inspection 22 people were living at the home. The home is divided into three units over two floors. Each person had their own bedroom and could access the communal facilities such as a lounge, dining room, worship temple and garden.

There was a home manager in post who was not yet registered with the Care Quality Commission (CQC). They informed us that the application to become the registered manager had been made to CQC and was being processed. A registered manager is a person who has registered with the Care Quality 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 found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some of the staff practices put people at risk of harm.

People's medicines were not always managed safely because there were no mechanisms in place to ensure regular stock checks of medicines on premises were carried out.

People and their relatives told us they were happy with service they received. However, we observed that some of the principles of The Mental Capacity Act 2005 (MCA) were not always recognised. Staff received MCA 2005 training but their knowledge was not always consolidated.

Staff asked people living in the service for their consent to their care, however there was a lack of relevant documentation showing that decisions were made in people's best interest.

People's care needs were not always assessed accurately and the care received by people was not always personalised. Pre-admission documents were not always fully completed and not all people using the service had their care plans in place.

Not all staff files consisted of relevant recruitment or induction paperwork. Staff were aware of the existence of people's individual care plans, however, they said they did not always read them. They told us that they knew people's needs from their day-to-day interactions with them. However, their knowledge on people's care needs was incomplete.

Family members told us they thought the service was well led. However, we observed this was not always

the case. The home admitted nine new people even though they were not fully prepared and consequently people's needs were not met. Therefore people may have been put at risk.

The service had a handover system implemented to ensure communication between staff on different shifts, but it was not always effective and not all information was passed on.

The communication with external professionals was not always prompt and responsive.

Not all people had risks to their health, safety and welfare assessed and management plans were not always put in place.

There were a limited amount of activities taking place at the home.

There was a system of audits in place to ensure the safe running of the service. However, some of these had not been completed since September 2015.

Medicines were stored in a lockable cabinet and medicines trolleys and the staff had access to relevant medicines policies and procedures.

People were protected from harm and abuse as staff received safeguarding training and were aware of the provider's safeguarding policies and procedures.

The service had recruitment procedures to ensure suitable staff were appointed to work with people who used the service.

There were sufficient staff numbers on each shift and specific duties were allocated to each staff on daily basis.

There were systems in place to ensure people lived in a safe environment. We saw evidence that weekly, monthly and yearly health and safety checks took place and staff received relevant training.

The Deprivation of Liberty Safeguards (DoLS) applications had been made correctly for 11 people living in the service.

There was an induction process in place that consisted of e-learning, classroom training and shadowing.

Staff received regular supervision in the form of one to one or group meetings and they could ask for additional support if needed.

People's nutritional and dietary needs were assessed and people were encouraged to have a healthy and balanced diet. An experienced chef had prepared a mixture of Indian and Western food in accordance with people's dietary and cultural needs and wishes.

Family members told us the service was caring and they were happy with the way staff approached their relatives. We observed staff reacted promptly to meet people's changing needs. People's privacy and dignity was respected.

The provider had a complaints policy and procedure and residents and relatives satisfaction survey procedure in place. Nevertheless, this relatives and staff were not aware of it and the residents and relative's

survey was only carried out once when the service was newly opened and there were only two people leaving there.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not always safe.

Some of the staff practices put people at risk of harm.

Medicines were not always managed safely. There were gaps in recording of administration. The records were not always dated correctly. The medicines were not counted and checked to ensure the stock and records balanced.

Individual risk assessments were not always put in place.

Staff received safeguarding training and people were protected from harm and abuse.

There were sufficient staff levels on each shift.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff had a limited understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's mental capacity was not always assessed and there was no documentation in place to show people consented to their care.

Staff received an appropriate induction and training to be able to meet people's needs.

Staff received monthly supervision that was in the form of one to one or group meetings.

DoLS applications had been submitted.

People were supported to have a balanced and nutritious diet.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with care, compassion and were respected by staff.

Staff respected people's privacy and dignity

### **Is the service responsive?**

The service was not always responsive.

Support plans were not always completed and staff did not have accurate access to information on people's needs and wishes.

People and their relatives were not always involved in care planning and reviewing.

People who used the service had limited access to a range of activities in the home.

The provider had a complaints procedure.

**Requires Improvement**



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

The service was not always well led.

There were quality monitoring systems in place; however, these were not always effective.

The records were not always fit for purpose as not all documents were completed and not all information was passed on sufficiently.

People and their relatives said the leadership of the home were approachable and that they were able to communicate with the home manager as and when they wished.

**Requires Improvement**



# Pranam Care Centre

## **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 7 and 8 January 2016 and was unannounced. This inspection was carried out by two inspectors.

Before the inspection we gathered information from statutory notifications that the service is required to submit to the Care Quality Commission.

During our visit we spoke with the director, the home manager, four people using the service, two care workers, a nurse, four family members and one external professional who was present on the day of our visit.

Many of people using the service were unable to share their experiences with us due to their complex needs and ability to communicate verbally. So, in order to understand their experiences of using the service, we observed how they received care and support from staff. To do this 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 looked at records which included five people's care records, training and supervisions, and other records relating to the management of the service.

## Is the service safe?

### Our findings

Some of the practices we observed put people at risk of harm. For example, a pre-admission assessment for one person who did not speak English stated that they needed two members of staff to assist them to move using a hoist. However, during our visit one member of staff attempted to sit them on their bed to have their lunch without support. They then requested additional support from another member of staff. They told us they were trying to help the person by holding them around their chest. This practice was not an approved manual handling technique and could have resulted in serious harm to the person.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were not always managed safely because there were no mechanisms in place to ensure regular stock checks of medicines on premises were carried out. Consequently, it was not possible to assess if medicines had been administered as per the prescribed dosage. For example, the Medication Administration Record (MAR) for one person stated the overall quantity of one type of medicine was 30 tablets, however, on actual count there were 72 tablets. A second person's MAR sheet stated there were 27 tablets of different types of medicine, however, on our count there were only 19. We spoke with the nurse who confirmed there were no formal balance checks and they carried out visual checks to ensure all medicines were in place.

MAR sheets were placed in two folders, one for each unit. One of the folders did not have a record of signature examples for the staff members who were trained and authorised to administer medicines. Therefore it was not possible to assess if only approved staff were administering these medicines.

We looked at MAR sheets for four people living in the service and we saw not all administration was recorded correctly. For example, there was a discrepancy between the MAR sheet start date, commencement date and the administration dates recorded at the top of the document. Similarly, a second MAR sheet had administration dates printed by the pharmacy, however, we saw different dates being rewritten with a pen over the printed ones.

We saw not all administration was recorded correctly. For example, one record had the letter F (meaning "Other reason for not giving medication") recorded in place of the staff signature; however, there was no explanation as to why it was not given. Another MAR sheet had the letter R recorded which was not an approved code for use on these sheets and there was no explanation to say whether the medicine had been given. The care records for this person on that day stated that person had taken their medication. One person was prescribed three PRN (as required) medicines, however, only one PRN protocol was present in the file. Therefore there was no guidance for the staff to tell them when the other two medicines needed to be administered. A second person had a PRN protocol for a particular type of medicine, however there was no MAR sheet corresponding with this, therefore staff were unable to record if this medicine had been administered.



This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were administered by staff who had received medicines administration training.

Medicines were stored safely in a lockable cabinet and medicines trolleys. All controlled drugs were stored and recorded correctly.

Not all people had risks to their health, safety and welfare assessed. Therefore plans to manage these risks were not in place. For example, there were no risk assessments for two people who had moved to the service two weeks before our inspection visit. There was no guidance for staff on how to minimise the risks which had been identified in their pre-admission assessments. Therefore the staff did not know how to keep them safe from injury.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The home manager told us the service had recruitment procedures to ensure suitable staff were appointed to work with people who used the service. However we saw that one staff member's file did not consist of any recruitment or induction paperwork therefore we could not say if the employee met the criteria required to work at the service.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

All staff received safeguarding training. We spoke with three staff members who were able to describe potential signs of abuse and were aware of the provider's safeguarding policies and procedures. The home manager told us safeguarding matters were discussed with staff members in group supervision. We saw evidence of this taking place in the latest group supervision meeting minutes. The safeguarding policy and procedure included contact details of external safeguarding bodies, and was displayed on the visitors' information board next to the main entrance.

There were sufficient staff numbers on each shift. We saw daily work allocation sheet placed in a handover file that ensured there was a clear allocation of daily duties for each staff member. For example, there were specific workers allocated to assist people using the service with tea breaks, lunch or assistance with medication.

There were systems in place to ensure people lived in a safe environment. We saw evidence that weekly, monthly and yearly health and safety checks took place. Amongst them were daily fridge temperature checks, weekly fire call point tests, monthly water and general health and safety checks and yearly fire risk assessments and safety checks of electrical equipment.

Staff received training on fire awareness, manual handling, health and safety and first aid. People using the service had personal emergency evacuation plans (PEEPs) in place. PEEPs for new people were not completed, however we saw the home manager updating these during our visit.

We saw there were sufficient staff numbers on each shift. We observed call bells being responded to promptly and people receiving support immediately on requesting it. For example during our visit we heard one person using the service shouting for help as they got lost in the corridor. The staff has immediately

reacted and assisted the person finding their way to the communal lounge.

## Is the service effective?

### Our findings

Relatives told us the staff knew and understood the needs of their family members. They were happy with service they received. One person told us "Staff are respectful and explain to them when giving personal care".

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Two of the staff we spoke with had limited understanding of MCA principles. One staff member told us MCA is "to try to understand people, don't let people go out, keep them inside." A second staff member said "that people can have capacity in some areas but not others. If someone lacks capacity, the next of kin can make a decision for that particular area.

Staff were gaining verbal consent from people but there was no associated documentation to confirm that decisions were made in people's best interests or that they consented to their treatment. People were at risk of having decisions made that were not in their best interest and they may not have consented to. For example, we saw that one care plan was signed by a person's relative even though there was no evidence that person lacked the capacity to consent to this themselves.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received MCA 2005 e-learning training and discussions on its principles were held in the group supervision meeting. We saw a training matrix and minutes from the meeting that confirmed that the subject was discussed. Additionally, the home manager told us and we saw evidence that MCA 2005 refresher classroom based training was scheduled for May 2016.

The manager told us and we saw that DoLS applications had been made for eleven people living in the service as they required staff supervision when they went outside and this was a restriction on their freedom.

All new staff members received an induction that included a mixture of e-learning and classroom training. Training included learning disability awareness, fluids and nutrition, infection control, dementia awareness, safeguarding adults, and Mental Capacity Act (MCA) 2005. New staff were also required to shadow more

experienced team members for one or two days and had to complete an induction booklet that was then signed by their mentor. We saw evidence of staff inductions in the staff files we viewed. However, not all induction booklets were signed by the mentor therefore we could not say it was always verified by them. We discussed this with the Home Manager and the director who said they will look into implementing additional knowledge check systems.

The home manager told us and records showed staff had regular supervision meetings. Staff members we spoke to confirmed receiving regular supervision that could be in the form of one to one or group meetings and that they could ask for additional support if needed.

People's nutritional and dietary needs were assessed and reviewed. People were encouraged to have a healthy and balanced diet. Each person had their fluid and nutritional intake monitored.

There was a chef in post who had experience of working in care setting. There was a menu available for both Western and Indian cuisine that was rotated on a four weekly basis. There were two different choices for lunch and lighter dinner mains and a choice of vegetables and dessert. The chef stated, every evening they would ask each person using the service what they would like to eat the next day. They would use a book with a pictorial representation of different meals to communicate with individuals who could not express their wishes verbally. In the kitchen we saw a folder that had a daily sheet with everyone's name and daily menu choice recorded. Staff told us and we saw that they would also ask each individual about their food preference on the day and then serve accordingly.

There were systems in place to ensure that people's cultural and religious culinary needs were taken into consideration, however they were not always used effectively. People's care folders had "advice to the chef and catering form" consisting of information on people's dietary requirements. Nonetheless, not all people using the service had them completed and the catering staff had information for only 9 of the 22 people living at the service. We spoke about this to the home manager and the chef who assured us they would rectify the issue immediately.

The chef knew the dietary needs of all individuals and was able to give examples of what various people liked to eat. The Indian meals catered to both Gujarati and Punjabi needs and there was a western option if preferred. People liked the food they were served. We heard one person saying to the chef "the food was beautiful, thank you".

## Is the service caring?

### Our findings

Family members told us they were happy with the way staff approached their relatives. Their comments included: "Staff are very responsive and do everything quickly" and "they don't put any pressure on my relative". We observed people being treated with compassion and kindness.

We observed most people had positive experiences of the care and support they received from staff. We observed staff communicating with people using the service in a kind and gentle way. Staff spent time with people chatting to them or holding their hands.

Staff reacted promptly to meet people's changing needs. For example, during our visit one individual became distressed because they could not locate their bag. A staff member reacted immediately and reassured the person by bringing the bag from their room. One staff member told us "when working with people using the service calm them and explain things to them. Treat them as you would your mum." One person using the service said "I get on very well with all of them (staff). They're very good to me."

People's privacy and dignity was respected. Personal care was given in people's bedroom or bathroom with only staff present. Staff told us people could choose to have the door open and closed throughout the day. For example, one person liked their door open and we observed that this was the case.

People's independence was encouraged. One staff member stated "if a resident was wandering, don't restrict them but keep an eye on them, be patient". We observed people freely moving on the premises with staff approaching them from time to time offering support if needed.

Staff told us family members could visit at any time and relatives confirmed that this was the case.

## Is the service responsive?

### Our findings

People's care needs were not always assessed accurately and the care received by people was not always personalised.

The home manager told us people's needs were assessed before their admission and during their stay at Pranam Care Centre and that people and their relatives were involved in planning and reviewing of their care. However, from speaking to people and their family members, as well as the examination of people's care documents, we observed this was not always the case.

There was a pre-admission assessment process in place consisting of a home or a hospital visit by the home manager. The aim was to speak to a person and their family about people's care needs and requirements. We looked at a relevant pre-admission assessment form for five people using the service and we saw that it was not always fully completed and some information given was incorrect. For example, one person who did not speak English had an incorrect first language recorded. In another person's record the section "residents' perception/reason for admission" did not contain any of the person's views. Instead it had a note "as above" which related to "previous medical and mental health history" in the section above. This meant that people could not be confident information recorded about them was accurate or represented their views. Therefore they were at risk of care which was inappropriate or could harm the person's health and wellbeing.

People did not always have care plans or they were incomplete, therefore, the staff did not have guidelines on how to support people they cared for. Staff were aware of the existence of people's individual care plans, however, they said they did not always read them. They were also not able to say how people using the service contributed to creating and reviewing their care. One staff member stated "The nurse and the team leader write the care plans. They are written in the office". We looked into people's individual care plans and we saw that none of them were signed by people using the service. The people we spoke to said staff asked them about their likes and dislikes however they were not aware of formal care planning and reviewing. This showed that people using the service were not made aware they could contribute, have impact and make decisions with regards to their care.

Four of the five care plans we looked at were incomplete or had missing details. For example, there was no care plan for one person who came to live at the home in December 2015, three weeks prior to our visit. From the information in assessment paperwork we found out this person had complex needs, experienced anxiety and could not speak English. We observed that person was extremely distressed when receiving support from staff that could not understand them. We raised our concerns with the home manager during our visit. The home manager informed us that there was a communication sheet in the person's room consisting of translated sentences however the person did not want to use it. Therefore the provider had not taken appropriate action to enable communication and delivery of personalised and appropriate care.

In the care plans for two other people there was no personal life history completed. Therefore the staff would not be able to learn about their past life which is an important element of care when working with people with dementia. One staff member told us they "try to understand residents because we (staff) don't

know their life".

Staff told us they were aware of care plans but not all of them had the chance to read them. Consequently, staff did not have a full awareness of people's needs and requirements and the information they gave us was inconsistent. For example, one staff member told us there were currently no people that needed special foods however, the chef told us there were four people who had diabetes. A care file for one person indicated they were under the care of a dietician.

The home manager told us that people and their relatives were involved in the planning and reviewing of their care. However, people told us they were not always involved in the planning and reviewing of their care beyond the assessment process. We saw that none of the care plans were signed by people using the service. Staff told us they spoke to people about their care; however they did not make it clear that the purpose of discussion was to plan and review the support they received. Consequently people may have not known that they had an impact on their care and life at the service. One person confirmed that saying "Staff ask me what I want and they do it for me. I could ask for anything", however they were not aware of their written care plans.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People using the service had access to a limited amount of activities. We saw an activities timetable in the dining room, but it was small and placed on the wall behind the door where it was difficult to see it. The planned activities listed on it did not take place on the day of our visit. The service had an activities/reminiscence room consisting of a variety of board games and armchairs to relax. Due to a plumbing issue the room had a very unpleasant odour and was out of use during our visit. Relatives told us and we saw in the care notes that there were three very successful parties that took place at the home since it was opened, however, apart from these, there had been very few other planned activities. We observed that people using the service were keen to interact with the staff and each other and although the staff quickly responded to people's wishes (for example danced with them or shared a joke) this was very brief and there was no organised activity that people could get involved in. One person asked us "Do you have something for me to do? Please tell me if you do I am very happy to help". However, the staff did not provide the person with something they could do. One relative suggested that we speak to the management team and offer some suggestions on how people could spend their time in a more active way. We brought this to attention of the home manager who stated that there were activities taking place there, nevertheless, they agreed to look into this matter.

The above evidence showed that people's social and healthcare needs had not been assessed and managed appropriately. People were not always receiving care that met their needs and promoted their wellbeing.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they knew people's needs, likes and dislikes from day to day interactions with them. They were able to describe daily routines of individuals using the service. For example they told us how one person liked to eat out with their family, or another person who used to be a dancer liked to dance therefore staff danced with them from time to time.

The provider had a complaints policy and procedure and residents and relatives satisfaction survey

procedure in place. The complaint policy was displayed on the visitors' information board next to the main home entrance. However, people and their families were not aware of its existence but they said, if they had any complaints they would feel comfortable with going directly to the home manager.

We looked at the results of the latest residents and relatives satisfaction survey that took place when the home opened. There were only two people residing there at that time and the two surveys gave very positive feedback. Family members told us there were no relatives' meetings currently taking place and they had not receive a survey form recently. We spoke about this to the home manager who said they would introduce changes to make the complaints procedure more visible to people using the service and their visitors. They also said they were planning to organise a relatives' meeting in February where family members would be encouraged to give feedback on the service they and their relatives received.



## Is the service well-led?

### Our findings

There was a home manager who had been in post since August 2015. They were not yet formally registered with the Care Quality Commission (CQC), however, the manager informed us that the application to CQC had been submitted and was being processed.

Between 16 December 2015 and the day of our visit on 7 January 2016 the home had admitted nine new people. Consequently the numbers of people living there had risen rapidly from 13 to 22. This sudden influx of people had impacted on service delivery and the safety of the people living there.

The home was divided into a nursing unit upstairs and a dementia unit downstairs. The nursing unit was not fully prepared i.e. there was no nursing station and there was no an active telephone line to communicate with the rest of the home or to call emergency services if needed. Consequently in case of an emergency the staff would need to go downstairs to use the phone or get emergency medication and equipment. Additionally, we asked the home manager and the nurse to show us what medical equipment they had on the premises and they were not able to locate it immediately. Eventually it was found still unpacked in the nursing station downstairs.

We saw evidence of audits being carried out by the home manager. These included medicines audits, infection control, and monthly bed rails and bumpers safety checks. Nevertheless, there were some audits that had last been completed in September or November 2015. For example, the care plan audit was last carried out in September 2015, consequently when we looked in people's files many of the care plans were incomplete or absent.

There was a handover system in place to ensure communication between staff members on different shifts, however, it was not always effective. The daily handover sheets included one sentence on each person that was very similar for all people using the service. It stated that people were "fine" had or didn't have a shower and their meal. We observed that there was no mention of a person being taken to hospital on the day of our visit. Moreover, we overheard a visiting GP asking for discharge paperwork for this person, however the staff were not able to locate it. This showed that important information was not always passed on.

The communication with external professionals was not always effective. One health professional told us there were "difficulties with communication. The calls and faxes are not always answered".

The provider's systems and processes for assessing, monitoring and mitigating risks had failed to identify serious risks to people who used the service. For example, during the inspection visit we identified unsafe practices, incomplete risk assessments and errors with medicines management.

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

Family members told us the service was well led. One person said "In my opinion it's well-managed" the

other person stated, the home manager "is always available and answers all questions". We saw the home manager actively involved in work with staff and people using the service. We saw the office door was open at all times and staff, people using the service and visitors were walking in to talk to the home manager. We observed one individual who was living in the home approaching them saying "you are always so cheerful and happy".

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not always ensure that care and treatment of service users was appropriate and met their needs</p> <p>Regulation 9(2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not always ensure that care and treatment of service users was provided with the consent of the relevant person.</p> <p>Regulation 11(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure that care and treatment were provided in a safe way to service users because:</p> <p>They had not assessed the risks to the health and safety of service users</p> <p>Regulation 12 (2)(a)</p> <p>They had not done all that was reasonably practical to mitigate these risks.</p>

Regulation 12(2)(b)

They did not ensure the safe and proper management of medicines

Regulation 12(2)(g)

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered person did not operate effective systems to:

Assess, monitor and improve the quality of the service.

Regulation 17(2)(a)

Assess, monitor and mitigate the risks relating to health, safety and welfare of service users.

Regulation 17(2)(b)

Maintain a secure, accurate, contemporaneous and complete record in respect of each service user.

Regulation 17(2)(c)

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person did not effectively operate recruitment procedures because they had not obtained and kept a record of the information required as described in Schedule 3 of the HSCA 2008 (Regulated Activities) Regulations 2014

Regulation 19(3)(a), Schedule 3

