Care Quality Commission

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Ambleside

Inspection report

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Ratings

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

Overall summary

We carried out this inspection on 2 December 2014 and it was unannounced.

The service provides accommodation and personal care for up to 17 older people, some of whom may be living with dementia, mental health issues and physical disabilities. On the day of this inspection, there were 11 people living at the home and one person in hospital. People supported by the service had varying levels of support needs, but the majority were fairly independent and required minimal support.

The service has no registered manager in post as it is not required to do so. 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.

At the last inspection on 2 and 7 May 2014, the provider had not met the requirements in relation to the cleanliness of the home and protecting people from the risk of acquired infections, and the provider did not have an effective system in place to assess and monitor the quality of the service provided to people. The provider sent us an action plan, telling us that they would meet the requirements by 7 July 2014.

Summary of findings

During this inspection, we saw that some improvements had been made to the cleanliness of the home. However, a lot of essential work to make the home safe and a pleasant environment remained outstanding. The provider had also not made any significant improvements to how they assessed and monitored the quality of the service. They did not always effectively use their audit systems to identify, assess and manage risks.

People's needs had been assessed, and care plans took account of people's individual care needs, preferences and choices. However, people were not always supported to pursue their hobbies and interests.

People were supported to have sufficient quantities of food and drink, but the quality of the food was varied as the provider did not have a designated and trained cook.

People had access to other health and social care services when required. They were also enabled to maintain close relationships with their family members and friends.

There were risk assessments and other systems in place to safeguard people from the risk of abuse, Medicines were managed safely.

The staff had received appropriate training and support, and they understood the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The provider had effective recruitment processes in place. However, frequent staff changes meant that people were not always supported by the same staff members.

There was lack of consistent managerial input to ensure that the service provided good quality care.

The provider had no formal process for handling and analysing complaints and concerns to show that learning occurred as a result of these. They encouraged feedback from people, but they did not always evidence how people's comments were used to improve the quality of the service.

We identified some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. These were in respect of the safety of the premises, staffing and inadequate quality monitoring processes. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Environmental risk assessments and management systems were not always used effectively so that prompt actions were taken to rectify identified issues.

People were supported by staff that had undergone a robust recruitment procedure. They were aware of how to raise concerns they might have about people's safety.

People were not always supported by a consistent group of staff due to frequent staff changes.

Requires Improvement

Is the service effective?
The service was not always effective.

People had their ability to make decisions assessed and were supported to ensure their human rights were respected.

People were supported to have enough food and drink, but the quality of the food was not consistent.

People were supported by staff who had received the appropriate training to enable them to meet their needs.

Requires Improvement

Is the service caring?
The service was caring.

Interactions between people and the staff were respectful, and promoted positive relationships.

People's privacy and dignity was promoted.

Good

Is the service responsive?
The service was not always responsive.

People's needs had been assessed and care plans were in place to ensure they were met.

People were not always enabled to pursue their hobbies and interests.

There was no formal system for recording and analysing complaints to show that improvements occurred as a result of these.

Requires Improvement

Is the service well-led?
The service was not always well-led.

Inadequate

Summary of findings

The provider had not made all the improvements necessary to meet the requirements of the regulations they had not met during our previous inspection.

Quality monitoring systems in place were not always used effectively to result in sustained improvements.

There was no clear leadership, governance and accountability to ensure that the care provided to people using the service was consistently good.

Ambleside

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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 2 December 2014 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience whose experience was in the support of an older person living with dementia. 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 reviewed all information we held about the service, including the previous report and the notifications the provider had sent us. A notification is information about important events which the provider is required to send us. We also looked at recent reports from the local authority contract monitoring team.

We spoke with seven people who used the service, two relatives, two care staff, one visiting social care professional, a GP, and the provider. We also observed how care was being provided in communal areas of the home.

Following the visit to the home, we obtained the views of other health and social care professionals about the quality of the care provided by the service, including the local authority commissioners of the service.

We looked at the care records for four people who used the service and reviewed the provider's recruitment processes. We also looked at the training information for all the staff employed by the service, and information on how the quality of the service provided was assessed and monitored. We also saw the action plan they had completed following a review by the local authority in August 2014.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection on 2 and 7 May 2014, we had found that people's risk assessments did not provide sufficient information to enable the staff to support people safely.

During this inspection, we found that there were improvements in the quality of information in people's care records so that risks to people had been assessed and measures put in place to minimise these. The individual risks assessments addressed a number of issues including falling while mobilising independently, pressure area damage, poor food or fluid intake, and use of bedrails. These gave guidance to the staff on how minimise risks to people, and support them to remain as independent as possible. We saw that where possible, people were involved in decisions about taking risks and one person told us that they were at risk of falling, but wanted to try to walk independently as much as possible. They said, "They don't want me to walk without help as I fell over before and ended up in hospital."

At our last inspection we also identified that people were exposed to the risk of acquired infections because the home was not being cleaned appropriately. During this inspection, we found that the provider had made some improvements to the cleanliness of the home, but we noted that one bathroom in particular had an unpleasant odour. The provider told us this bathroom was not currently in use. Work had been undertaken to replace some of the flooring and tiles that could no longer be sufficiently cleaned.

People told us that they had seen some improvements too and one person said, "The standards are ok, my room is cleaned twice a week. All the care staff do a bit of cleaning." A relative told us that they had complained about the cleaning in the past, but they had seen some improvements. They also said that they always check the cleanliness of their relative's bedroom when they visit to make sure that cleaning was done to an acceptable standard.

We saw that some of the furnishings and fixtures required replacing as the ingrained stains could no longer be cleaned. For example, a bathroom suite on the third floor and some of the bedroom sinks had rusty, water stains that the staff were not able to clean off. The provider said that they had plans to replace the suite and bedroom sinks as part of their refurbishment plan. However, they were unable to tell us when this work would be completed and whether they would be employing permanent cleaning staff.

Some of the fabric on the armchairs was ripped, particularly those in the conservatory, putting people at risk of injury from exposed and rough wooden or metal surfaces. One person said, "Although it's homely here, the furniture is a bit tatty and could do with replacing." We also found the conservatory was too cold to be used by people without a risk of them becoming unwell. People told us that they did not use this area in winter because of this reason. The home also felt cold in the lounge and the dining area in the afternoon, but the provider took immediate action to check if the timer had switched off. They told us that the heating was on throughout the day to maintain the temperature within recommended levels so that people did not suffer the effects of being exposed to a cold environment.

We saw that three areas where spare furniture, mobility equipment and other household items were stored were not locked and this posed a hazard when accessed by people without supervision. The provider told us that these areas were normally locked and the staff might have forgotten to do so.

We saw that the door alarms for three fire escape exits had been switched off and this posed a risk that people could walk out without staff being alerted. We brought this to the attention of the provider and they immediately took action to turn these on. We were concerned that there was no explanation for why these had been turned off and the provider's health and safety audits had also not identified this. We saw records that indicated that fire alarms were tested weekly, however one person said, "I haven't heard the fire bells tested lately, although we did have a problem with someone smoking in their bedroom." Records showed that the emergency lighting should be tested monthly, but the last test recorded was in September 2014. There was no record to show that fire drills had been conducted to enable the staff to learn how to support people safely in case of a fire. Some of the care records contained people's Personal Emergency Evacuation Plans (PEEP) and after the visit, the provider also sent us information showing that they had assessed each person's support needs to leave the building safely when required in an emergency.

Requires Improvement

Is the service safe?

We found the various issues outlined above put people who used the service, the staff and visitors to the home at risk of injury associated with unsafe premises and the provider's failure to deal promptly with identified risks.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had effective recruitment processes in place and they had completed all the appropriate pre-employment checks including obtaining references from previous employers, and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. The provider told us that they were recruiting more care staff to cover vacancies.

On the day of this inspection, we noted that there was one member of staff providing care for the 11 people in the home. There was one staff member in the kitchen, and the provider was also on duty. Another staff member arrived before lunchtime, so that the provider was available to assist us with our inspection. Although, we observed that people were cared for safely, the staff turnover meant that people were not always supported by a consistent group of staff. This did not always promote consistency of care. One relative said, "Some of the staff have been here a long time, but some of the newer ones have not always stayed." Some of the people said that there was a lot of demand on the staff's time because they also did other tasks including cleaning and cooking.

There were no kitchen and domestic staff employed, which meant that the care staff were at times, expected to undertake a variety of cooking, cleaning and laundry duties. This meant that apart from supporting people with their basic personal care needs, staff were not always able to spend meaningful time with each person or provide any form of social stimulation for them. We saw that in the absence of a designated cleaner, the level of cleanliness remained inconsistent, as the care staff did not always have sufficient time to complete the cleaning tasks thoroughly. This view was supported by a person who said, "The care staff seem a bit too rushed to do the cleaning as well."

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe. One person said, "It's safe and secure here. I have no problems." A relative said, "I have no problems with safety. I am happy that [relative] is here and I have never seen any bullying." People also told us that they were able to speak with the provider if they had any problems with the staff or other people who used the service. One person said, "If I saw anything I didn't like, I will soon shout out and say something. This home is as good as any, I am not frightened at all." Another person said, "The only one I worry about is the person who wanders everywhere, that frightens me." We observed that although the person was constantly walking around the home and moving small items, such as folders, they did not appear to present a risk to others in the home and there had been no recorded incidents.

The provider had guidance for the staff to enable them to raise concerns if they suspected that people were at risk of harm and the staff had a good understanding of their responsibilities in keeping people safe. A review of our records also showed that the provider reported concerns appropriately to CQC and the local authority safeguarding team.

Medicines were managed safely in accordance with current guidance. We saw that there were systems in place for ordering, storage and disposal of medicines that were no longer required, and people were administered their medicines as prescribed. The medicine administration records (MAR) had been completed appropriately and we noted that the staff who administered medicines had been trained to do so. In relation to whether the staff administered medicines safely, one person said, "I saw a new care staff learning about tablets at the medicines trolley, but I am not sure if they have formal training." Records showed that the staff had been trained.

Requires Improvement

Is the service effective?

Our findings

People were regularly provided with the opportunity to be involved and to give consent to the care provided. We observed that the staff asked for people's consent prior to providing any support and some of the people had signed their care plans to indicate that they agreed with the planned care and interventions by the staff. One person told us, "I can do a lot for myself, but the staff will always check if I need help. They wouldn't do anything without asking me first."

Where people did not have the capacity to consent to their care, we saw that mental capacity assessments had been completed and a decision made to provide care or treatment in the person's best interest. This was in line with the requirements of the Mental Capacity Act 2005 (MCA). The provider understood their responsibilities in relation to MCA and DoLS, and they had applied to the local authority for authorisations for some of the people, in accordance with the Deprivation of Liberty Safeguards (DoLS). We saw that some of the staff had also received training in relation to MCA and DoLS, and they demonstrated their understanding of these requirements and why they were put in place.

People were supported by staff who had received the appropriate training. People told us that the staff knew their needs and supported them well. One person said, "The staff seem to know what they are doing. The longer serving ones help the new recruits." One relative said, "They do have training, I have heard them talking about it." The provider had recently employed new staff and we saw that some were still completing their induction training. This enabled them to know what was expected of them and to acquire the necessary skills and knowledge in order to carry out their role to a good standard. One of the new staff told us that they were provided with the opportunity to observe and learn from more experienced staff, to further enhance their understanding of their role and the needs of the people using the service. One member of staff told us, "When you first start, there is always someone around to help you". We found that staff had received regular supervisions with the provider. During these, they discussed their performance, training needs and any concerns. However, the provider did not have an appraisal system to enable them to formally assess each staff member's performance and identify developmental, as well as, further training needs. Staff had received a range of training relevant for their role and they were able to tell us how they applied the training they had received in their day to day work. Training had been scheduled for the year and whenever staff needed refresher training. This meant that staff training was kept up to date and people were always cared for by suitably trained staff.

The four-week menu demonstrated that a variety of food which was provided for people and was freshly prepared by the care staff daily. The menu options for the day were displayed on the 'residents' notice board' and this showed that there was a choice of two main meals provided at lunchtime and a variety of sandwiches available in the evening. However, people were unaware of the options for that day. One person told us, "They don't tell you what's for lunch, it's just given to us, but it's always nice". Another person said, "We choose what we want to eat for breakfast and the evening meal, but rarely for lunch." Most people told us that they liked the food that was provided to them. However, one person said, "The food is a bit bland. They don't have a proper cook and the food is fairly basic." This comment supported our observations that the provider did not have a trained cook, which meant that they or other care staff were regularly rostered to do the cooking. Although the food we saw appeared well cooked, we judged that the quality of the food was unlikely to remain consistent if this was cooked by different and non-trained staff.

Although people told us they were not always given a choice in what they wanted to eat, we saw that they had been given the opportunity to review the menus during meetings. The minutes of these showed that people were happy with the food provided. We observed that most people did not require any support to eat their lunch, and support had been given to the one person who required encouragement, or assistance. The provider regularly monitored if people were at risk of not eating or drinking enough. Where people had been assessed as being at risk of not eating or drinking enough, the provider monitored how much they ate and drank on a daily basis. Their weight was also checked regularly so that where necessary, people received appropriate support to maintain good health and wellbeing. Our review of the records showed that people had mainly maintained stable weight and we saw that they were provided with drinks throughout the day of our inspection.

Requires Improvement

Is the service effective?

People told us that they were supported to access healthcare services and this was supported by the records we looked at. We observed that prompt action had been taken to contact a doctor when one person was feeling unwell. The doctor had visited the person quickly and we spoke with them during our inspection. They told us that the provider was always quick at assessing people's healthcare needs and would contact the relevant health or social care services so that people had access to the right care and treatment. We saw that some of the people using the service had been referred to community mental health services and the provider was working closely with these services to enable people to receive the treatment they required.

Good

Is the service caring?

Our findings

People spoke positively about living at the home and they told us that the staff were very nice and caring. One person said, "It's a home from home. They know what I need and just do it." Another person said, "It's lovely here. The staff are really nice to me." People told us that volunteers came regularly and spent time speaking with them. A GP who visited the home during our inspection told us that the home was a 'lovely home' and they said that people were always 'well dressed and comfortable'. We also spoke with a visiting professional and hairdresser who both made positive comments about how well people were cared for. One of them said that the home was "cosy and friendly" and that the staff were always very helpful. The staff were happy with the standard of care they provided. One member of staff told us, "People are well looked after here." Another staff member said, "Most people are independent and can tell us what they want. We make sure we provide the care people want." We observed that although the staff on duty were busy, they were very caring and kind towards people they supported.

We saw positive interactions between the staff and people who used the service. We also observed that people had a good relationship with the provider, as they also provided care to people on a regular basis, including on the day of our inspection. People told us that the staff understood their needs, they were listened to in relation to how they wanted to be supported and their wishes were acted on. One person told us, "Staff take my clothes out, the ones I want to wear, and help me to get ready in the morning. They take their time and don't rush me." People also told us that they had had been given information they required and could always ask the staff or the provider if they were not sure of anything. We saw that information about an independent advocacy service was displayed so that people had the necessary details if they wanted to contact this service. The staff's views and our observations showed that the staff were positive in their support for people living with dementia. We saw that a staff member showed patience and skill when supporting a person who was confused and at times, anxious.

The relatives we spoke with said that they could visit their relatives whenever they wanted. This was essential to enable people to maintain close relationships with their family members and to prevent social isolation.

People told us that the staff supported them in a way that maintained their privacy and protected their dignity. We saw that if people were in their bedrooms, the staff knocked on the door and waited to be invited in before entering the room. The staff were able to demonstrate how they maintained people's privacy and dignity when providing care to them. A staff member told us that they would always close the door when supporting people with their personal care and would be discreet when asking people if they needed supporting while they are others near them. They were also able to confirm their understanding of how they maintained confidentiality by telling us that they did not discuss people's care outside of the service or with agencies who were not directly involved in the persons care. Other people also told us that their privacy was sometimes compromised by a person who when confused, often went into their bedrooms uninvited. However, they said that this was only for a short period, as the staff would normally quickly help the person to get out of their bedrooms.

Requires Improvement

Is the service responsive?

Our findings

People told us that they received care that appropriately met their individual needs. We saw that people's needs had been assessed and care plans were in place to ensure that people were supported effectively. One relative said, "The care is individualised and [relative] feels valued." People told us that their preferences, wishes and choices had been taken into account in the planning of their care and support, and we saw this in the care plans we looked at. Where possible, people had signed their care plans to indicate that they agreed with the planned care and were involved in the regular reviews. The relatives we spoke with were happy with the level of information they received and one relative said that they often met with the care staff to discuss their relative's care. They also told us that where necessary, they contributed to the planning of their relative's care and were also involved in the review of the planned care. We saw evidence of reviews in the records and the staff also confirmed that this happened regularly.

The staff told us that it was important for them to understand each person's individual needs and they would respond to them accordingly. For example, if a person was demonstrating behaviour which was challenging to others, staff told us that they would be patient and understanding towards the person. They would talk to them calmly and assist the person to relax. We saw that people were well looked after. One person said, "The staff seem to know all about us, so that they can support us well." The good care provided to a person being supported in bed meant that they had maintained their skin integrity. This was because they had been supported to reposition themselves on a regular basis and they were provided with enough food and fluids to maintain their wellbeing. A relative of one person said, "I am happy with the care [relative] gets and [relative] is very happy."

We saw an example of how the provider promoted individual choice and autonomy. One person who preferred to spend time alone reading was able to do this without disturbance. The person also told us that they were frequently able to go on holiday alone. Another person said, "The staff are quick at getting things that we need for us." However in contrast, three people said that they wanted some flexibility with when they had their baths. One person said, "I never have a choice when I get a bath. There is a list and when it is your turn, you get it." We found this practice did not demonstrate that care and support was provided when people needed it.

Some people told us that they were frequently supported to take part in activities they enjoyed by regular volunteers. However, we observed that in their absence, no activities were provided on the day of our inspection. Other people said that there wasn't enough to occupy them during the day. One person said, "I would like more activities. I like it when the volunteers come in." Another person told us, "I know where the activities board is, but what is on there doesn't always happen." We saw that some people enjoyed sitting together and chatting about what they were watching on TV or the contents of the newspapers they were reading. However, those people who had not developed close friendships with others did not appear to have anything to occupy their time and were at risk of becoming bored and isolated.

We observed that the staff were too busy to spend time in the lounge area during the morning, but they were able to spend time talking with people in the afternoon. A relative said, "There is not always staff presence in the lounge, but when they are in there, they chat and play some games with residents." They also said that they had visited when the volunteers were there, adding, "The volunteers come in to read and chat with residents. There are sometimes church visits and an entertainer. I take my relative out regularly and I'm sure it might be a bit boring for those who do not go out much."

People told us that had had no reason to complain formally and they were confident that if they did so, their concerns would be responded to. They said that they would discuss any issues with the care staff if they were not happy about any aspects of their care. One person said, "It's hard to complain when there is nothing to complain about." Another person said, "I go to the residents meetings. Things are brought up there if you want to discuss something you are not happy about." A relative also said, "I have complained to the manager [provider] in the past and things got sorted quickly. I now communicate with [them] regularly." We saw that people had been given information on how to raise any complaints or concerns, including to external agencies if they were not satisfied with the provider's response. We also saw that any complaints received by the provider had been recorded,

Requires Improvement

Is the service responsive?

investigated and responded to appropriately. We looked at the provider's complaint records and saw that none had been recorded since January 2013. Although the provider told us that they had not received any complaints since that period, we found that they did not have a formal way to capture, analyse and understand some of the concerns raised by people on a regular basis. This way, they were unable to identify if there were particular concerns that people raised regularly. A record of this information would have allowed the provider to monitor trends, learn from these and take appropriate action to improve the quality of the service for the benefit of people using the service.

Inadequate

Is the service well-led?

Our findings

The management arrangements at the service were not effective. The provider is an individual owner and their registration does not require them to have a registered manager in post. They have been managing the service since the last manager left in 2013. In addition, they regularly worked alongside the care staff to provide care to people, as well as preparing and cooking the meals. Consequently, this had an impact on the time they gave to conduct their managerial responsibilities and duties to effectively assess and monitor the quality of the service they provided. The history of the service also showed that the provider was reactive to concerns raised during inspections, and had not been able to sustain compliance with all regulations since April 2011.

Our inspection in May 2014 identified concerns in relation to the cleanliness of the home and infection control measures, risk assessments, and the systems to assess and monitor the quality of the service. Despite the provider sending us an action plan telling us that they would meet these requirements by 7July 2014, at this inspection we found there to continued failings in some of these areas.

We found there was little evidence to suggest that the provider used their own systems to identify areas that required improvement. Their own quality monitoring processes had failed to identify the shortfalls we found. Where issues had been identified by the provider, no action had been taken to rectify them or make improvements. For example during this inspection, we identified a number of concerns in relation to the cleanliness and safety of the premises. Some of the issues had been identified during our previous inspection, but insufficient improvements had been made. Other issues, such as the door alarms being switched off and storage areas being left unlocked had not been identified by the provider prior to our visit, which demonstrated that there was a lack of robust quality assurance systems in place. The provider told us that they had developed an improvement plan to make the home safe and a pleasant environment for people using the service, but they were unable to give us written confirmation of the quotes for the work or a time frame in which the work would be done.

Although some audits had been completed, such as for health and safety checks and medication, and a cleaning schedule was now in place, there was no evidence that the provider had a plan in place to show that improvements occurred as a result. At the time of our inspection, the provider had recently introduced a formal system to assess and monitor the quality and safety in the home. However, a recent audit form dated November 2014 was incomplete and no further information was available to evidence that regular monitoring occurred.

We reviewed minutes from meetings and the most recent questionnaires completed by people using the service. Although there were positive comments where people had no concerns about the care they received, some people had expressed that they would like more activities to occupy them during the day. Our observations showed that this had not been acted on as there was nothing planned on the day of our inspection to support people to pursue their hobbies and interests.

The provider had no formal system for identifying the trends from the feedback given by people or for managing complaints. We looked at the complaints records and noted that there were no complaints recorded since 2013. However, our conversations with people using the service and visiting relatives indicated that they had regularly raised concerns about issues including the poor cleanliness of the home. The provider confirmed that they occasionally dealt with concerns, but they did not feel that they needed to record these if they had been dealt with promptly. They had not determined that keeping a record of these would enable them to identify the issues that people were most unhappy about in order to make the required improvements.

We did not see any evidence that the staff were encouraged and supported to contribute towards the development of the service. There were no regular staff meetings and we did not see information that the staff were asked about their views about how well the service was performing. We judged that the conflicting roles and responsibilities of the provider could prevent the staff from giving open and honest feedback about the provider's leadership and the quality of the service, and would limit their ability to question practice. The lack of a manager, independent of the provider also meant that there was no objective view of how well the service was performing. In addition, the lack of identified domestic staff meant that the care staff also completed cleaning and cooking tasks poorly as they had not been trained to do so.

Inadequate

Is the service well-led?

This meant that this was a continuing breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The provider did not have effective systems to assess and monitor the quality of the service, and to identify and manage risks. Regulation 10 (1) (a) (b), which corresponds to Regulation 17 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises People who use the service and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate measures in relation to the security of the premises and inadequate maintenance. Regulation 15 (1) (b) (c), which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing The provider did not ensure that there are sufficient numbers of suitably qualified, skilled and experienced staff. Regulation 22, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.