

The Bridgings Limited

The Bridgings Limited (Eston)

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?

Good



Is the service well-led?

Requires Improvement



Overall summary

We inspected The Bridgings on 19 January 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The service provides care and support for up to 12 adults with a learning disability. The service is a two-storey building close to local shops and amenities and on a main bus route into Middlesbrough.

The service had a registered manager in place. 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.

People told us they felt safe in the service; however we found that checks on water temperatures and fire alarms were not taking place as often as they should be. This meant that people were not totally protected from the risk of harm.

Summary of findings

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

We found that people were encouraged and supported to take responsible risks. Those people who were able were encouraged and supported to go out independently.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. People and staff told us that there were enough staff on duty to meet people's needs. They understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

The service had a stable work force and as such had not needed to recruit new staff in the last four years.

Systems were in place for the management of medicines so that people received their medicines safely. However written guidance for those medicines to be given 'as required' (PRN) was not in place for medicines prescribed for pain relief. Lack of PRN protocols meant that people might not always receive their medicines in a consistent way.

There were positive interactions between people and staff. We saw that staff were kind and respectful. Staff were aware of how to respect people's privacy and dignity. People told us that they were able to make their own choices and decisions and that staff respected these.

People told us they were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. We saw ineffective monitoring of nutritional needs as nutritional assessments had not been undertaken in over four months, since September 2014.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. People had health passports, however these contained limited information about the person and how they wanted to be supported.

Assessments were undertaken to identify people's health and support needs as well as any risks to people who used the service and others. Plans were in place to reduce the risks identified. Care and support plans were developed with people who used the service to identify how they wished to be supported.

The majority of people who used the service attended day services and some people did voluntary work. People were encouraged and supported by staff to access the local community. People had their own hobbies and leisure interests.

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

The provider had systems in place in which to seek the views of people who used the service and their relatives. However regular auditing was not undertaken.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we took at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Staff were knowledgeable in recognising signs of potential abuse and said that they would report any concerns regarding the safety of people to the registered manager.

There were sufficient skilled and experienced staff on duty to meet people's needs. Systems were in place for the management of medicines however written guidance for pain relief prescribed 'as required' PRN was not available.

Regular testing of water temperatures was not undertaken to make sure that they were in safe limits. Regular tests of the fire alarm were not undertaken to make sure that it was in safe working order.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff had the knowledge and skills to support people who used the service. However staff had not received regular supervision. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with a choice of nutritious food. However, staff had not undertaken nutritional screening since September 2014 to identify specific risks to people's nutrition.

People were supported to maintain good health and had access to healthcare professionals and services. People had health passports; however these contained limited information about how the person wanted to be supported.

Requires Improvement



Is the service caring?

This service was caring.

People told us that they were well cared for and we saw that the staff were caring. People were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People were included in making decisions about their care. The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a wide range of activities and outings. We saw people were encouraged and supported to take part in activities

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

The service was not always well led.

Staff were supported by their registered manager and felt able to have open and transparent discussions with them through staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Auditing of health and safety and infection control was not undertaken on a regular basis.

Requires Improvement



The Bridgings Limited (Eston)

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.

We inspected The Bridgings Limited (Eston) on 19 January 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the home. The provider completed a provider

information return (PIR) which we received prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. After the inspection we contacted the local authority to find out their views of the service.

During the inspection we spoke with six people who used the service. We also spoke with the registered manager and a support worker.

We spent time with people in the communal areas and observed how staff interacted with people and how support was delivered to people. We observed how people were supported at lunch time. We looked at two people's care records, three staff members' files, the training chart and training records, as well as records relating to the management of the service. We looked around the service and saw some people's bedrooms, bathrooms, communal areas and the garden.

Is the service safe?

Our findings

We asked people who used the service if they felt safe, one person said, “The staff are nice to you. They look after you and make sure that you’re safe.” Another person said, “They make sure doors are locked and windows are locked at night.”

During the inspection we spoke with the registered manager and a support worker. They were aware of the different types of abuse and what would constitute poor practice. The registered manager said abuse and safeguarding was discussed with staff on a regular basis. Staff we spoke with confirmed this to be the case. Staff told us that they had received safeguarding training at induction and on an annual basis. We saw records which confirmed that staff had received safeguarding training in June 2014. We found safeguarding and whistleblowing policies and procedures were in place. Whistleblowing is a procedure where staff can safely and independently voice any concerns they may have. Staff told us that they felt confident in whistleblowing if they had any worries.

The registered manager told us that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We looked at records of water temperatures and saw that staff had not taken or recorded water temperatures since 21 November 2014. This meant that people were at risk of receiving unsafe care. We noted that some of these temperatures were too cool at 37 degrees Celsius (should be 43 degrees Celsius).

We looked at records to see if checks had been carried out on the fire alarm to ensure that it was in safe working order. We saw that there were gaps in recording meaning that tests had not been carried out on a weekly basis. We pointed this out to the registered manager who told us that they would take action to ensure that water temperatures and checks of the fire alarm system were undertaken on a weekly basis.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010.

We looked at records which confirmed that other checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing

(PAT). This showed that the provider had developed a maintenance system to protect people who used the service against the risks associated with unsafe or unsuitable premises.

Risks to people’s safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as health, going out, crossing roads, scalding and financial risks. This enabled staff to have the guidance they needed to help people to remain safe. Staff we spoke with told us how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. Staff told us how they managed the risk of a person who used the service who had epilepsy. Staff told us of the clear procedures they followed if the person was to have an epileptic seizure both in and outside of the home. We saw that people were enabled to take responsible risks. Some people who used the service were able to go out independently. We saw that staff had made sure that people were aware of bus routes and had been assessed as competent with road safety. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction.

The registered manager told us that they had not recruited any staff in nearly four years. They were able to tell us of the robust recruitment procedure they would follow if new staff were to be recruited. They told us that the staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the service (A DBS check includes a criminal records check to help employers minimise the risk of employing unsuitable people to work with vulnerable adults).

At the time of the inspection there were 12 people who used the service. The registered manager and support worker told us there were two staff on duty during the day. On night duty there was one staff member who would go to sleep when people who used the service had gone to bed. We were told that this staff member could be called upon if needed. We were told that people who used the service were both independent and mobile and very rarely needed anyone during the night. People who used the service told

Is the service safe?

us they thought there was sufficient staff on duty to meet their needs. One person said, “We are all able to help ourselves here.” Another person said, “There’s always staff around.”

Staff told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. Staff told us they had undertaken training in emergency aid. We saw records to confirm that this was this training was up to date. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. We spoke with people about their medicines who said that they got their medicines when they needed them.

We asked the registered manager what information was available to support staff handling medicines to be given ‘as required’ (known as PRN). We saw that written guidance was kept for some medicines but not all. PRN protocols were not in place for those medicines prescribed for pain relief. Lack of PRN protocols meant that people might not always receive their medicines in a consistent way. This was pointed out to the registered manager who told us they would develop PRN protocols for all medicines to be given ‘as required’.

Arrangements were in place for the safe and secure storage of people’s medicines. Medicine storage was neat and tidy which made it easy to find people’s medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify any medication errors and ensure that people received their medicines as prescribed.

Accidents in the service were minimal as such an analysis of accidents was not needed.

Is the service effective?

Our findings

People we spoke with said the care and support they received from staff was good. One person said, "I like living here if I have any problems I talk with my key worker." Another person said, "The staff are good and they know my needs."

We asked the registered manager and support worker about the training they received. They told us that they had received lots of training in the last 12 months which included: safeguarding vulnerable adults, fire, food hygiene, nutrition, mental health awareness, people movement, infection control, emergency aid, and medicines administration. We viewed the staff training records and saw the majority of staff were up to date with their training. One of the care staff we spoke with said, "We do lots of training. We do fire training in house once yearly. We are all up to date with our procedures the fire brigade come in and check them over." Induction processes were available to support newly recruited staff. This included reviewing the service's policies and procedures and shadowing more experienced staff.

Staff we spoke with during the inspection told us they felt well supported. The registered manager told us that they had fallen behind with staff supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We looked at three staff files and saw that the last time that they had received supervision was in February 2014. The registered manager told us that they were a small team and as such they spoke with staff on a regular basis and provided guidance and support, however this hadn't been documented. The registered manager said that they would ensure that regular supervision took place with all staff and was documented as a matter of importance.

We were told that an annual appraisal was carried out with all staff. During the inspection we looked at three staff files and saw that staff had received an annual appraisal. One staff member we spoke with said, "He (the registered manager) is absolutely brilliant. You can always go to him. You can always approach him with any issue we have got."

The registered manager and support worker told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions,

particularly about their health care, welfare or finances. The registered manager and support worker with had an understanding of the principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions. The support worker told us about the importance of supporting and enabling people to make their own decisions and making sure that people are not deprived of choice.

At the time of the inspection, nobody who used the service was subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS.

A support worker told us that menus and food choices for the week ahead were discussed with all people who used the service. People who used the service confirmed this to be the case. One person said, "We do a menu on a Wednesday to see what we want." We saw that people were provided with a varied selection of meals of their choice. People who used the service told us that they helped staff with the preparing and cooking of all meals. There was a rota and people would also help with washing up.

We observed the lunch time of people who used the service. Some people who used the service made their own lunch of sandwiches. Other people had soup which had been prepared by staff. We saw that lunch time was a very sociable event in which people chatted and laughed with each other.

We asked people if they liked the food, one person said, "They do our meals nice." Another person said, "We go out food shopping we buy veg and stuff. We all eat well."

We saw that people were encouraged and supported to go into the kitchen to make their own drinks. We saw that people were supported to make plentiful supply of tea and coffee during the day. One person said, "I do my own breakfast and cups of tea." Another person said, "I can just go into the kitchen. I make toast and get yoghurt when I want." Another person told us, "I make a hot chocolate on a night and bring it up to my room. It helps me sleep."

The registered manager informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We were told and saw records to show that staff

Is the service effective?

regularly monitored people's weight. However nutritional records (MUST) had not been completed since September 2014. This was pointed out to the registered manager at the time of the inspection who said that they would take action to ensure that records were brought up to date.

At the time of the inspection there wasn't anyone who used the service who needed the advice and support of the dietician. However the registered manager was aware of how to make referrals should a person need to be seen.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said, "I go to the doctors for a check-up." Another person said, "I went to the doctors for my flu vaccination." One person said, "I go to see the nurse on my own but when I go to the doctor's staff

come with me." People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We saw that people had been supported to make decisions about the health checks and treatment options. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

We saw that people had health passports. A health passport is a booklet which people can carry with them when they are attending medical appointments. The health passports contained limited information on how the person could communicate and how they wanted to be supported. The registered manager said that they would ensure that all health passports were completed in greater detail.

Is the service caring?

Our findings

People we spoke with said they were happy with the care and support provided and could make decisions about their own care and how they were looked after. One person said, "They (the staff) are all nice and you can have fun with them." Another person said, "I like living here. The staff are nice and I have made friends."

At the time of the inspection there were 12 people who used the service. People were involved in making the decision to use the service. Prior to people coming to use the service, they were given the option to come for day visits and overnight visits to help make an informed decision about whether they wanted to move in. The visit also enabled staff to determine if they could meet the person's needs and make sure that other people who used the service were happy for the person to live with them. One person who used the service told us that the visits had been useful and that they had got to know the other people who used the service.

During the inspection we sat in the communal lounge and dining area so that we could see both staff and people who used the service. People who used the service were treated with dignity and respect by staff and they were supported in a caring way. Staff used people's preferred names, talked to people and involved them in activities and day to day tasks. We saw that staff showed warmth and affection to people. People who used the service responded to staff by smiling which showed that they felt comfortable. People were seen not to be rushed and the staff were seen to work at the people's own pace.

The registered manager and staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history preferences, likes and dislikes. This helped to ensure that people received care and support in the way that they wanted to. Staff showed they cared for people by providing help, support and encouragement. They talked with people and asked how they were. They gave time for the people to talk and engaged with them.

People told us their privacy was respected and staff didn't disturb them if they didn't want to be. They said staff knocked on their bedroom door and waited to be invited in before opening the door.

On numerous occasions during the day staff and people who used the service engaged in conversation and laughed. One person who used the service said, "They are all great and you can have a laugh with them (the staff)." We observed staff speak with people in a friendly and courteous manner. We saw that staff gave explanations in a way that people easily understood. This demonstrated that people were treated with dignity and respect.

We saw that staff encouraged and supported people to be independent. People were encouraged to make their own drinks and snacks.

Generally the environment supported people's privacy and dignity. Three people were keen to show us their bedrooms. All bedrooms were personalised. All bedrooms doors were lockable and those people who wanted held their own key.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. Staff told us how they ensured privacy when supporting people with personal hygiene. We were told that male staff supported people who used the service who were male and female staff supported people who used the service who were female. This meant that the staff team was committed to delivering a service that had compassion and respect for people. We were told by people and staff that they were encouraged and able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. During the course of the day we saw that staff always gave people choice.

Is the service responsive?

Our findings

People told us that they were involved in a plentiful supply of activities and outings. The registered manager told us that nine out of 12 people who used the service attended day services. Some people were also involved in voluntary work at charity shops or day centres for the elderly. People said, "I like to go to work but I couldn't go today because of the bad weather." Another person said, "I went to church yesterday. I also go to Grenfell and we play games and sit and have a cup of tea."

Staff told us they encouraged and supported people in the daily routine of the home, activities and outings. They told us how people were encouraged to get involved with washing their clothes and tidying their room. People were also involved with washing up and drying the pots. One person said, "I do my washing on a Tuesday and Thursday but I don't like ironing." We heard one person who used the service saying to another person, "You dry the pots tonight and I will put away."

One person told us that they went out independently. They said, "I get the 63 bus into town and then get another bus to Stockton." Another person who used the service told us about the buses that they took to get to their required destination. They told us that staff had supported them to become confident with which buses they needed to get. People told us that they regularly accessed the local community. One person said, "I went to the hairdressers in Eston to have my hair done." Another person said, "I like to go into Eston it's handy."

People told us that they hadn't been on holiday during the last 12 months; however they had enjoyed day trips out. One person said, "We went to Whitby and we did some shopping. I went on a boat." People told us they liked to go shopping and to an evening club in where they could take part in activities like arts and crafts, bingo and socialise with friends. One person told us that they didn't like to go out much but that staff always helped them to put their favourite programmes on the television. They said, "We always ask him (the registered manager) to put something on the telly. He puts Heartbeat on for me."

People's needs were assessed upon referral to establish if The Bridgings was a suitable placement and able to meet the person's needs. Information was provided by the referring agency on the person's care and support needs.

Before moving in people visited the service during the day and stayed overnight. This enabled staff to produce an initial care and support plan as to how they were to support a person during their first few days.

During our visit we reviewed the care records of two people. Each person had an assessment, which highlighted their needs. Following assessment, care and support plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be. In general we saw that care plans contained a good level of detail, however the care and support plan with one person who had diabetes needed further information. This care plan detailed for staff to ensure that blood levels were safe but did not record what this was. Staff were able to tell us of action they would take if the person was to have a hypo or hyperglycaemic attack (high or low blood sugar), however care records did not detail this. The registered manager said that they would ensure that the care plan was updated with immediate effect.

People told us they had been involved in making decisions about their care and support and developing their care and support plans. We found that care plans were reviewed and updated on a regular basis.

Risk assessments had also been completed for a number of areas including health, going out, crossing roads, mobility and monetary skills. Risk assessments provided information on specific measures to reduce or prevent the highlighted risk from occurring.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. Staff told us the importance of ensuring that care provided was in line with people's individual needs and personal wishes.

Staff told us people who used the service were given a copy of the easy read complaints procedure when they moved into the home. We looked at the home's complaint procedure, which informed people how and who to make a complaint to. The procedure gave people timescales for action. The procedure referred people to the Care Quality Commission for investigation of complaints. We spoke with the registered manager about this and explained that we could not investigate individual concerns / complaints.

Is the service responsive?

However, we were interested in people's views about the service. The registered manager told us that the procedure would be amended. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or

staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. One person said, "I can talk to any of the staff who are on and I would tell them if I was unhappy."

Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. There have not been any complaints made in the last 12 months.

Is the service well-led?

Our findings

People who used the service and staff we spoke with during the inspection spoke very highly of the registered manager. They told us that they thought the service was well led. A staff member we spoke with said, “We all work well as a team. He (the registered manager) is a good listener. He listens to our suggestions and is really approachable.” We were told the registered manager was open, always available and approachable. Staff and people who used the service said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team.

The home had a clear management structure in place led by a registered manager who was very familiar with the service. The registered manager had a detailed knowledge of people’s needs and explained how they continually aimed to provide people with good quality care. The registered manager told us of the importance of team work and how he regularly worked with staff to care and support people who used the service. They said, “I like to do the day to day business. I drive people to day placements.”

The registered manager told us about their values which were clearly communicated to staff. The registered manager told us of the importance of honesty and treating people who used the service and staff as individuals. The registered manager said, “We are a close knit team who work very well together.” They told us that they had an open door policy in which people who used the service and staff could approach them at any time.

We asked the local authority for their views on the service they told us that they did not have any concerns with the service.

We saw that meetings had taken place with people who used the service in June, August and November 2014. People told us that they were encouraged to share their views

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told

us that team meetings took place regularly and that were encouraged to share their views. We looked at records which informed that staff meetings had taken place in April, June and August 2014. The registered manager told us that a staff meeting had taken place in October 2014; however the notes of this meeting had been lost.

The registered manager told us that senior management visited the home on a weekly basis to monitor the quality of the service provided and to make sure the home were up to date with best practice. We were told that records of such visits were not kept. The registered manager told us that in the near future it is intended that other registered managers from other homes in the organization would audit each other’s services.

The registered manager told us of various audits and checks that were carried out on medication systems, the environment, health and safety and infection control. We saw records of audits undertaken. We were shown records of health and safety checks which the provider states should be undertaken on a weekly basis. This check had not been undertaken since 21 November 2014. Had this check been undertaken regularly then the registered manager would have picked up on the fact that there were gaps in recording in water temperatures and the fire alarm (as pointed out in the safe section of this report). We were shown and infection control audit on mattresses. This audit stated that it was to be undertaken twice yearly. Records indicated that the last check of the mattresses was undertaken in October 2013.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010.

We asked the registered manager how they sought the views of people who used the service and relatives. We were told that annual surveys were sent out to people to seek their views on the care and service provided. We saw records to confirm that surveys had been undertaken in July 2014. We saw that both people who used the service and relatives expressed satisfaction in the care and service provided.

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 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>People who use services and others were not protected against the risks associated with unsafe care because effective systems were not in place to ensure that tests of water temperatures and checks on the fire alarm system were undertaken.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>People who use services and others were not protected against the risks associated with unsafe care because effective systems were not in place to ensure that regular auditing was undertaken.</p>