Broadening Choices For Older People

Brookvale Care Home

Inspection report

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Ratings

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

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection on 22 and 23 July 2014. At the last inspection on 9 October 2013 we found that there were two breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008. We found care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. We also found people who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises. The design and layout of the home did not appropriately support people who lived there.

A requirement of the service's registration is that they have a registered manager. The registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. There was a registered manager in place at the time of our inspection.

Summary of findings

Brookvale provides accommodation and nursing care for up to 60 people who have nursing or dementia care needs. The home was divided into three floors. People with nursing needs were visited on a daily basis by visiting professionals to offer the nursing support they needed.

We found that people's safety was being compromised in a number of areas. We found people who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises because the premises were not being adequately maintained. The registered manager was not ensuring the maintenance of appropriate standards of cleanliness and hygiene within the home.

We saw that there were appropriate policies and procedures in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected. We saw from the records we looked at that where people lacked the capacity to make decisions, appropriate referrals to the local safeguarding authority had been made and as a result of assessments, best interest decisions were made.

Improvements needed to be made to ensure medicines were managed safely.

Staff received the appropriate training and support to carry out their roles to ensure people received all their assessed care and support needs in an appropriate way.

People were offered the nutrition they required, and were supported to eat at times that suited their individual needs.

People we spoke with were complimentary about the care and support they received from care staff at the home. Staff we spoke with were knowledgeable about people's needs.

People were confident when approaching staff for requests or support. Staff held conversations with people whilst being mindful of people's humour and preferred communication style.

People or their relatives were involved in planning their care. This was supported in the care plans we looked at and from our observations.

Regular monitoring of people's healthcare was in place to ensure that any changes were discussed and referrals made where appropriate to health care professionals for additional support or any required intervention.

Relatives, people who used the service and staff were encouraged to provide feedback about the service to continuously monitor and improve the quality of the service provided.

There were not effective procedures in place to monitor and improve the quality of the service. We saw the service completed regular quality audits, but these did not always highlight all the areas the home needed to improve in.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. People were not protected against the risks associated with unsafe or unsuitable premises because the premises were not being adequately maintained.

The registered manager was not ensuring the maintenance of appropriate standards of cleanliness and hygiene.

Arrangements for the management of medicines required improvement.

Requires Improvement

Is the service effective?

The service was effective. Staff received the appropriate training and support to carry out their roles to ensure people received all their assessed care and support needs in an appropriate way.

People were offered the nutrition they required, and were supported to eat at times that suited their individual needs.

Regular monitoring of people's healthcare was in place to ensure that any changes were discussed and referrals made where appropriate to health care professionals for additional support or any required intervention.

Good

Is the service caring?

The service was caring. Relatives we spoke with were complimentary about the care and support their relatives received from care staff. People we spoke with told us staff were respectful and kind.

We saw staff knew people well and responded to their needs appropriately.

Good

Is the service responsive?

The service was not consistently responsive. Activities offered to people at the home did not always meet their individual preferences.

People received support and care that met their individual health needs.

Feedback about the service was gathered and used to draw up improvement plans, to improve the quality of the service.

Requires Improvement

Is the service well-led?

The service was not consistently well led. There were not effective procedures in place to monitor and improve the quality of the service. Regular quality audits did not highlight all the areas the home needed to improve upon.

Relatives, people who used the service and staff were encouraged to provide feedback about the service to continuously monitor and improve the quality of the service provided.

Requires Improvement

Brookvale Care Home

Detailed findings

Background to this inspection

We visited the home on 22 and 23 July 2014 and spoke with ten people living at Brookvale Care Home, three relatives of people who lived at the home, and five care staff. We also spoke with the registered manager and the deputy manager during our visit.

We observed care and support in communal areas and also looked at the kitchens and some people's bedrooms, as well as a range of records about people's care and how the home was managed. We looked in detail at five care plans of people who used the service.

This inspection was conducted by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

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.

Before our inspection we asked the provider to send to us a Provider's Information Return (PIR). The document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. Before our inspection we reviewed the information in the PIR.

We also reviewed the information we held about the home. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Requires Improvement

Is the service safe?

Our findings

We were concerned about infection control at the home because of the dirty areas we observed around the home. We saw there were a number of items of furniture that were dirty, ripped and torn including chairs where people were sitting in the lounge areas. One person told us they were not happy with the cleanliness and condition of the chair they were using and said, "This chair needs replacing as the arms are ripped."

The kitchen area on the first floor was dirty. We saw that the floors and work surfaces were visibly dirty. We asked staff about who cleaned the kitchen areas on the first and second floor at the home. Staff members told us that night staff usually cleaned these areas, but we were unable to view any cleaning schedules to confirm this cleaning was taking place. This meant people were not protected against the risk of infection, as areas of the home were not cleaned adequately.

We saw kitchens on the first and second floor had a number of food items stored in the kitchen cupboards. These were to prepare breakfast and snacks for people who lived on the first and second floors of the home. Plastic boxes were used to keep different types of cereal in the cupboards. We saw the plastic boxes were dirty and in need of cleaning. We brought this to the attention of the manager during our inspection. The manager bought new cereal containers on the second day of our inspection into the home.

We saw that during our inspection the door to one of the sluice rooms had been left open. This posed a risk to people, as they could be exposed to clinical waste in the sluice room. The sluice room door was clearly marked 'this door must be kept locked at all times'.

We found this was a breach of Regulation 12 (1)(c)(i) HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and Infection Control.

We found people who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises because the premises were not being adequately maintained.

During our inspection we spent time looking at the premises. We were concerned that the premises were not in a suitable condition for people at the time of our visit.

For example, one of the roof areas on the top floor of the home had a leak. The ceiling in the kitchen and dining room was visibly stained from water coming onto the ceiling from the roof. The manager told us a contractor had been called to fix the roof, however we did not observe repairs being undertaken during our inspection.

One room we saw on the ground floor of the home had a black damp patch in the corner of the room. This room was in use at the time of our visit as a bedroom. We were concerned that this might cause health issues for the person staying in the room. We alerted the manager to our concerns during our visit.

We saw the kitchens on the first and second floor of the home were in poor repair. In one kitchen the work surface where drinks and snacks were being prepared was missing its side edging, which made it very difficult to keep clean. The floors in the kitchens were very dirty. Kick boards under the kitchen cupboards were missing, which meant that food and dirt fell under the kitchen units and the area was dirty.

We spoke to the manager regarding the premises at the home. We saw that the provider had spoken to the owner of the premises to try and purchase the premises, or agree a strategy to update the premises. These negotiations had not been resolved. This meant a re-furbishment plan had not been agreed to take forward.

We found this was a breach in Regulation 15 (1)(c) HSCA 2008 (Regulated Activities) Regulations 2010 Safety and Suitability of premises.

All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. The explained all staff attended regular safeguarding training which included staff whistleblowing procedures. Staff had a good understanding of what abuse was and what action they would take if they had concerns about people. One member of staff told us, "I would raise things if I was concerned, the manager is approachable."

Staff told us they had several checks completed before they started work at the home, to check that they were of good character. We reviewed staff recruitment records and saw the provider had recruitment procedures in place to ensure people who worked at the home were suitable. This meant staff were recruited suitably which minimised risks to people's safety.

Requires Improvement

Is the service safe?

The provider notified us when they made referrals to the local authority safeguarding team. They kept us informed with the outcome of the referral and actions they had taken. This meant people who used the home were protected from the risk of abuse, because the provider took appropriate action to safeguard people from the risk of abuse.

There was a system in place to identify risks and protect people from harm. Staff members we spoke with told us people had a risk assessment in their care file for each risk to their health or wellbeing. The assessments detailed what the risk was; how harm could occur; possible triggers; and guidance for staff on how the risk should be managed. In the care records we looked at we saw risk assessments were completed for people's health and well-being, for example, for their mobility and nutrition. We saw risk assessments were monitored and reviewed on a regularly basis by senior care staff. Care plans were completed to minimise identified risks. For example, where people had a diagnosis of diabetes a specific care plan to manage the condition was in place.

We asked people if there were enough staff at the home to meet their needs. Some people told us there were enough staff, however, four of the people we spoke to at the home told us there were not always enough staff to meet their needs. During our inspection we observed an adequate number of staff were available to meet the needs of the people at the home. We saw staff responded quickly to call bells and emergency bells. We observed staff sitting with people and chatting to them, or reading to them. We saw members of staff sitting in communal areas throughout the day, to make sure people were safe. One person told us, "Staff go the extra mile, I can't praise them enough."

We spoke with the manager regarding the numbers of staff at Brookvale Care Home. The manager told us they did not use a tool to determine the numbers of staff required to assist people. The manager explained that staffing numbers were determined using information from peoples care records and assessments of need, and from historical knowledge of the home. If there were any additional staff available during the day, or staff weren't busy, they assisted on the top floor of the home, as people's dependency levels on that floor were higher than the other floors. In this way staff were deployed flexibly to meet the needs of all the people at the home.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA sets out the requirements that ensure decisions are made in people's best interest when they are unable to do this for themselves. DoLS are part of the Act, They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

We asked the manager about their responsibilities under the MCA and DoLS. They were able to explain to us the principles of MCA and DoLS, which showed they had a good understanding of the legislation and their responsibilities to people. Care plans we looked at included mental capacity assessments where people did not have the ability to make decisions themselves. Where decisions were made in people's best interests, these decisions were recorded appropriately.

The provider had made several applications under the Deprivation of Liberty Safeguards (DoLS) for people as their liberty was being restricted. Following a recent Supreme Court ruling the provider was reviewing each person's care needs to confirm that appropriate safeguards were in place to ensure people were not unlawfully deprived of their liberties. This meant the provider and manager was acting appropriately to with regard to MCA and DoLS.

We spoke with a senior care worker who described to us the medication administration procedures at the home. We observed a medicines administration round and spoke to two members of staff who were responsible for the administration of medicines during our inspection. They told us only staff trained in the safe handling of medicines could administer them. We looked at how medicines were stored. We found that people's medicines had been stored in a designated room or where required, in a medicines fridge.

We found temperatures were monitored for the storage areas. Daily temperature records showed that medicines were being kept above the recommended temperature of 25 degrees centigrade for some of the medicines being used at the home. Some medicines need to be stored at a temperature below 25 degrees centigrade to ensure they remain effective.

We looked to see whether arrangements were in place to ensure medication expiry dates were followed. We found

Requires Improvement

Is the service safe?

the date medicines were opened was not being recorded. Medicines were not managed to take account of expiry dates, and therefore were not disposed of in accordance with the manufacturer's guidance. This meant the medicine might not be effective if used.

Good

Is the service effective?

Our findings

We asked people if they enjoyed the food offered at the home. One person said, “The food is passable, but the menu choice is monotonous. I’m not sure if staff would cook me an alternative.” Another person told us they were happy with the food on offer. They said, “The food is always pretty good with enough choice on the menu.” Another person said, “I have plenty of good people looking after me” adding, “the food is nice and there is enough choice on the menu”.

We saw a menu was on display in the dining rooms on all three floors detailing the choices for breakfast that day. We observed a lunchtime meal during our inspection. We saw that people had light lunch, as the home gave people their main meal of the day around 5.30pm. The manager told us this was because people preferred to eat their main meal of the day as the evening meal. This meant food was provided in accordance with people’s preferences.

We saw the kitchen provided food for people who required a specialist diet. We saw that each person had a diet assessment completed which was located in the kitchen. This information included food likes and dislikes, recommended portion sizes, and diet types. For example, whether people required a ‘soft’ diet or high calorie food. We observed one member of staff assisting someone to eat their lunchtime meal. They spoke to the person in a respectful way, and encouraged them to eat all of their meal. They took their time, they did not rush the person. We saw that everyone ate at their own pace and staff waited for clear signals that people had finished their food before offering them more. This meant people were offered nutrition that met their individual needs.

All of the people we spoke with at the home told us they felt staff had the correct skills to care for them. One person told us, “Staff have the correct skills to look after me, they are very good to me here."

We asked staff about their induction, training and development at the home to see whether staff had the appropriate skills to meet the needs of people there. Staff told us their induction was training was up to date, and offered them the skills they needed. One member of care staff told us, “My induction included shadowing experienced staff so I could get to know people’s needs.”

We saw one person was aggressive to staff and other people at the home. We saw staff used specific distraction techniques detailed in the person care plan, to re-focus the person’s attention.

The manager told us about a new initiative they were taking forward, the introduction of advanced challenging behaviours training, which would be offered to all staff. This was planned to give staff a greater understanding of behaviour management to continue to meet people’s needs.

Staff told us they could gain nationally recognised qualifications in health and social care as part of their development. A member of care staff told us, “We’re kept up to date with our training.” This meant the manager supported staff to obtain recognised qualifications and promoted their professional development. Staff had the skills they needed to meet people’s needs.

Staff told us and records confirmed staff were supervised using a system of supervision meetings, observations, and yearly appraisals. Records confirmed observations were conducted in different areas of staff practice such as medication administration. Regular supervision meetings enabled staff to discuss training needs and areas of development, and enabled managers to monitor staff performance. This meant people were supported by suitably trained and supported staff.

We saw that where people were able to consent to their care and treatment care plans were signed by the person. Where people could not consent to their own care and treatment, people had received the correct assessments, and people that were important to them had been involved in decisions about their care.

Staff explained to us how they handed over information at the end of their shift to new staff members coming in to work. They explained the daily handover was conducted by staff verbally, so that people had enough information to let them know about changes in a person’s health, or any special arrangements for the day. Care records were kept up to date, so that staff could also review records to see whether people’s health needs had changed. Handover information and up to date care records assisted staff to identify any changes in need, so that consistent support was delivered by all staff.

Staff told us, and records confirmed, regular monitoring of people’s healthcare was in place to ensure that changes to

Good

Is the service effective?

people's needs were recorded. Referrals were made where appropriate to additional health care professionals where required. We saw people were able to access other professionals in relation to their care such as their GP and dentist, as this was recorded on their care records. We spoke to a visiting health professional during our inspection and asked them about the care people received at the service. They explained they visited the home on a regular basis to see people there. They added, "The staff are good. They are experienced and understand the needs of the people who use the home." This meant people were supported to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

Everyone we spoke with told us staff were kind and caring. People looked happy, comfortable and relaxed in their home. One person told us, "I find the staff very thoughtful."

We spent time in communal areas over the course of the day and saw interactions between people and care staff were respectful, cheerful and kind. It was clear care staff had a good understanding of people's communication abilities and adapted their approach accordingly to meet people's needs.

We saw staff respected people's everyday choices, such as where they wanted to spend their time, or their preference for drinks. People told us they could chose where they wanted to spend their time during the day. The home had a number of communal areas including lounge areas, dining rooms, a conservatory and garden. Some people chose to spend their time in the communal areas, and other people we saw chose to stay in their room.

People we spoke with told us they were involved in deciding how they were cared for and supported. We saw care plans were detailed and were tailored to each person's individual health and support needs. The manager told us, and records confirmed, that people or their relatives were involved in planning and agreeing their care. Records were up to date, and regular reviews had taken place. Care plans we looked at included information about people's previous lives, likes, dislikes and preferences. This meant staff had the information they needed to support people according to their preference.

Staff we spoke with had a good knowledge of the care and welfare needs of the people who lived at the home. Staff we spoke with could describe to us in detail the needs of people they supported, and their individual preferences.

People told us staff respected their privacy and dignity. Three people we spoke with were keen to tell us, "Staff treat me with respect and observe my dignity." Another person told us, "I really couldn't be treated better. I like my lockable room, it's clean and I can use it during the day".

We spent time in the communal areas of the home and observed the care provided to people. We saw that staff had a kind and caring approach towards people they supported. For example, the staff provided constant checks and reassurance to people. Staff were seen to listen to people's choices, respond to them and engage people in their daily lives and chores.

Requires Improvement

Is the service responsive?

Our findings

During our inspection we checked to see whether people's individual needs were being met. All of the people and relatives we spoke with told us staff were responsive to people's needs. We looked at the care files for five people who lived at the home. Care plans were tailored to meet the needs of each person and gave instructions to care staff on how to support people according to their requirements. During our inspection we saw the support care staff gave to people matched the information in their care records. For example, we saw how care staff supported people to move around the home using the specialist equipment that had been identified in their records. This meant people were receiving care that was responsive to their individual needs.

We saw that the home had recently introduced improvements to the way care records were maintained, in response to advice from different professionals. For example, we saw the home was in the process of implementing a new system to monitor changes in people's skin. This was to prevent people from developing pressure ulcers.

We saw staff kept detailed observation records for people who were at high risk of poor nutrition or poor skin condition. This meant staff knew immediately of any changes, and could change their care plans to prevent any deterioration in their health. Visiting medical professionals used their expertise to assess and monitor people's health needs up to three times a week. Professionals that took part in this included a community matron, a tissue viability specialist, and a consultant geriatrician. This system was in operation to help anticipate the future health needs of people who used the home, and to reduce the risk of people being admitted to hospital, by identifying early treatment of health issues.

We saw the general practitioner and the local pharmacist were involved in reviewing medicines for all the people at Brookvale Care Home, to see whether people's dependency on medication could be reduced. This was to improve people's general health and wellbeing.

Throughout our visit we saw people being offered drinks and snacks by staff. There were choices of cold drinks available throughout the day, as the weather was warm. Staff placed drinks within easy reach of people, and encouraged them to drink. This meant staff assisted people in accessing fluids to support their health and wellbeing.

We saw that people took part in personal hobbies and interests at the home. On the first day of our inspection the manager and several activities staff had organised a trip to the sea side, and took around 6 people to the coast for the day. On the second day of our inspection we saw that games were taking place in the downstairs conservatory. These included a quiz. People were able to take part in hobbies and interests as a group, or as individual's. We saw that both individual and group interests were advertised on noticeboards throughout the home. We asked people about what were involved in at Brookvale Care Home. Five out of the ten people we spoke with told us they would like to do more. One person told us ,"We don't do anything but sit and watch TV and chat, but I think it's lovely here." This meant people weren't always offered support to take part in interests and hobbies that met their individual preferences.

The manager told us they were improving the programme of hobbies and interests on offer to people through the recent recruitment of an additional member of staff who had devised a new programme which compassed more meaningful activities for people who were cared for in bed. In addition a computer had recently been purchased which offered people the opportunity to use Skype services to contact friends and relatives.

We saw information on how to raise a complaint was on display in the reception area of the home. This was so people had the information they needed to know how they could make a complaint. We saw that a recent complaint had been investigated and responded to in a timely way. We saw complaints were reviewed by the manager to identify any trends and patterns, to help minimise the risk of future events occurring. This meant the manager responded to identified issues to improve the service.

We saw that people or their relatives were asked to give feedback about the home. We saw a range of different meetings were taking place to gather views from people, their relatives and staff. The manager told us that the home ran twice yearly quality assurance questionnaires and we were able to see some of the comments made in the most recent questionnaire which were generally positive about the service. The manager told us information gathered

Requires Improvement

Is the service responsive?

from people helped to analyse the quality of the service provision, and to drive forward improvements. This meant the manager was analysing the feedback they received, and was acting appropriately to respond if there were concerns.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us they were able to be involved in developing the service they received. This was because they could provide feedback to the manager or deputy manager at any time, as they were on site, and operated an 'open' door policy. We saw people could also leave their comments about the service in the reception area and in regular customer satisfaction surveys. Information about the service, and feedback received from relatives was displayed in a newsletter in the reception area for visitors to access. We saw the newsletter was produced on a frequent basis to keep people up to date and share improvement plans.

We were able to view some recent comments people had made which included, "The senior manager and the staff are approachable" and "Modernisation is needed of the home." The manager explained feedback was used to identify areas of improvement. We saw plans for improving the premises of the home had been drawn up, although these plans and a timescale for improvements had not been agreed at the time of our visit.

Staff told us the manager and deputy manager were approachable. We saw the home had an 'open door' policy which allowed staff to sit and chat with managers during the day if they had an issues or problems, giving staff the support they needed to conduct their role. We saw staff visited the manager's office to speak with them or the deputy manager during our inspection.

The manager told us the provider was supportive of the home, and offered regular feedback and assistance to them to support them in their role. The provider offered advice and guidance on best practice. The manager had been in post for several years and was able to support senior staff at Brookvale Care Home appropriately. On the first day of our visit the manager was out on a visit to the seaside and so we spoke with the deputy manager. They were knowledgeable about the home, and were also available to assist and support staff where required.

We saw the home had a range of policies and procedures in place that staff told us they had access to, and formed part of staff induction and training. Policies and procedures that were understood by all helped to ensure a consistency of approach in care and treatment. Records we looked at showed that staff recorded every time an accident or incident occurred. We saw the manager analysed the incidents to identify patterns or trends. These patterns or trends gave the manager information about whether policies or procedures needed to be changed, or care plans needed to be updated to reduce the risk of future events occurring.

We asked the manager about any initiatives the home was involved in. They explained the home had been enrolled on the Gold Standard Framework for Dental Care. The provider was following the latest guidance on how to supply people with good quality dental care at the home. This meant people were able to access dental care which met their needs.

The provider had sent notifications to us appropriately about important events and incidents that occurred at the home. The manager shared information with the local safeguarding authority and kept us informed of the progress and the outcomes of their investigations. The manager took appropriate action to minimise the risks to people's health and wellbeing. This meant the manager understood their responsibilities, and followed procedures to involve other regulatory bodies and agencies in the operation of the home.

The provider completed a number of checks to ensure they provided a good quality service. For example, regular audits and regular visits to the home. We saw the manager also conducted internal audits to identify areas where improvements needed to be made. For example, the manager conducted regular infection control audits, and medications audits. We could not see from these audits that the manager had identified there were issues in infection control, or that medicines management required improvement. We saw that where issues had been identified in previous checks and audits, action plans had been generated to make improvements. These were monitored at follow up visits to ensure they had been completed to ensure the service continuously improved.

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 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises **Regulation 15 (1)(c) HSCA 2008 (Regulated Activities) Regulations 2010 Safety and Suitability of premises. People were not protected against the risks associated with unsafe or unsuitable premises because the premises were not being adequately maintained.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **Regulation 12 (1)(c)(i) HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and Infection Control. The registered manager was not ensuring the maintenance of appropriate standards of cleanliness and hygiene.**