

## Twinglobe Care Homes Limited

# Aspray House

## 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?

Requires Improvement



### Overall summary

We inspected Aspray House on 13 and 14 January 2015. This was an unannounced inspection. At the last inspection in March 2014 the service was found to be meeting the regulations we looked at.

Aspray House is a nursing and residential home that provides care for up to 64 older people some of whom may be living with dementia. There were 60 people using the service when we visited.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People had missed doses of their prescribed medicines, which may have affected their health and well-being. The arrangements for ordering medicines for people were robust. Medicines records were not always completed fully and accurately and we were not assured that appropriate arrangements were in place for the recording, using and safe administration of some medicines. Individual risk assessments were in place for people, to help protect them from harm. However, the assessments and care plans were not always comprehensive.

# Summary of findings

The service had a safeguarding procedure in place and staff were aware of their responsibilities with regard to safeguarding adults. There were enough staff at the service to help people to be safe.

Staff undertook regular training. However, not all staff received regular supervision and annual appraisals which meant staff did not have agreed goals and objectives as well as a formal personal development plan to work towards.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People told us they felt cared for. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy. The staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

The service was not always well led. Quality assurance systems were not always robust. People who used the service liked the management team. Staff members told us they felt confident in raising any issues and felt the manager would support them.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked 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 always safe. The service did not have effective systems in place for the management of medicines.

Individual risk assessments were in place for people, to help protect them from harm. However, the assessments were not always comprehensive.

The service had a safeguarding procedure in place and staff were aware of their responsibilities with regard to safeguarding adults.

There were enough staff at the service to help people to be safe.

**Requires Improvement**



### Is the service effective?

The service was not always effective. Staff undertook regular training, however, not all staff received regular supervision and annual appraisals

People's health care needs were met and they had access to health care professionals.

People were supported to eat and drink sufficient amounts and they had a choice of what they ate.

The service was aware of its responsibility with regard to Deprivation of Liberty Safeguards (DoLS) and was applying for DoLS authorisations for people that were potentially at risk.

**Requires Improvement**



### Is the service caring?

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

**Good**



### Is the service responsive?

The service was not always responsive. Systems were in place to assess people's needs and we saw evidence people's needs were regularly assessed. However, we found inconsistencies with the way documentation was managed which meant staff did not always have access to the most up-to-date information on people's needs.

People had opportunities to engage in a range of social events and activities that reflected their interests, according to their choices.

**Requires Improvement**



# Summary of findings

People were encouraged and supported to provide feedback on the service. We saw that meetings were held with people who used the service and satisfaction surveys were provided to obtain their views on the service and the support they received. A complaints process was in place.

## Is the service well-led?

The service was not always well-led. Quality assurance systems were not always robust.

People who used the service liked the management team. Staff members told us they felt confident in raising any issues and felt the manager would support them.

**Requires Improvement**



# Aspray House

## 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.

Before our inspection, we reviewed the information we held about the service. This included the last inspection report for 1 March 2014. Before the inspection the provider completed a Provider Information Return (PIR). 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. We spoke to the local contracts and commissioning team that had placements at the home. We also reviewed notifications, safeguarding alerts and monitoring information from the local authority.

This was an unannounced inspection. We visited the home on 13 and 14 January 2015 and spoke with 12 people living at Aspray House and six relatives. We also spoke with six nurses, one senior carer, three carers, two activities

co-ordinators, the handyman, the cook, the trainer, one administrator, the deputy manager and the head of operations for the provider. The registered manager was on annual leave at the time of our inspection. We also spoke with a visiting healthcare professional. We observed care and support in communal areas and also looked at some people's bedrooms and bathrooms. We looked at 24 care files, staff duty rosters, a range of audits, complaints folder, minutes for various meetings, staff training matrix, accidents and incidents book, safeguarding folder, 12 staff recruitment files, eight supervision files for staff, activities timetable, health and safety folder, food menus, medicines records, and policies and procedures for the home.

The inspection team consisted of two inspectors, two pharmacist inspectors, nursing dementia specialist and an expert by experience, who had experience with older people with dementia. 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

# Is the service safe?

## Our findings

People were assessed as not being able to order, store or administer their medicines, therefore the service was responsible for this. We checked the service's arrangements for the management of people's medicines by checking a sample of medicines records and medicines supplies for 27 people across all four units of the service. Although we found some areas of safe medicines management, such as the storage of medicines, and medicines being given to people in a caring and respectful manner, we found that medicines management required improvements.

We found that supplies of six medicines for six out of the 60 people using the service had run out in January 2015. These were medicines for depression, constipation, pain, excess acid/stomach ulcers and a medicine to be used in the event of hypoglycaemia (low blood sugar). We saw from medicines administration records that four of these people had missed doses of these prescribed medicines for two days and one person had missed doses of their prescribed medicine for 10 days. Staff provided explanations for two of these medicines being unavailable. One person had been admitted to the service in the past month, and had to be registered with a new GP, which led to delays in receiving a new prescription. For another person, staff told us that there had been miscommunication between the GP, pharmacy and the service regarding repeat prescriptions. However, action should have been taken sooner to obtain these medicines and we identified two of these out of stock medicines during the inspection which the service had not picked up prior to our visit. The outcome was that people had missed doses of their prescribed medicines, which may have affected their health and well-being. Therefore we were not assured that the arrangements for ordering medicines for people were robust.

We found 14 out of 27 medicine records were completed fully, providing evidence that people had received their medicines as prescribed, however, we found that 13 medicines records were not completed fully, or did not have sufficient instructions to enable staff to administer or use medicines correctly. For example, we found gaps in recording on seven medicines administration records, so there was no evidence that some doses of prescribed medicines had been given. The quantities of medicines held at the service were not recorded on two records; therefore we could not check supplies of these medicines

against medicines records to see if these medicines had been administered correctly. There were duplicate entries on the medicines record for insulin for one person, stating different doses, which meant that there was a risk of duplicate administration or an incorrect dose being given. For three medicines prescribed as a variable dose, for example one or two tablets at each dose, a record of the dose administered was not recorded. One medicine for the prevention of osteoporosis was not being given in accordance with the instructions on the medicines record. Arrangements for the use and recording of prescribed topical medicines required improvement. When we checked a sample of topical medicines such as creams kept in people's rooms against the creams listed on their medicines records for nine people, we found that in all nine cases, accurate and up to date records were not being completed when these medicines were used, and care staff responsible for using these medicines did not have sufficient instructions to apply them. Two people's "Promotion of Health" care plans regarding the frequency of monitoring of their blood glucose levels were not being followed. Staff told us that the GP had changed the frequency of blood glucose monitoring however the care plans had not been updated. Therefore medicines records and care plans were not always completed fully and accurately and we were not assured that appropriate arrangements were in place for the recording, using and safe administration of some medicines.

The above issues were a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2010, which corresponds to regulation 12(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Individual risk assessments were in place for people, to help protect them from harm. However, the assessments were not always comprehensive. One person had been assessed as being at risk of pressure sores however their care plan had no information on the management of the pressure care for this person. The same person had significant weight loss, however, no referral had been made to a dietician. We asked the nurse who was based on the unit if a referral had been made to a dietician but she could not confirm if this had been actioned. Another person had been identified as being at risk of isolation however there was no information in the care plan to address this. Although people's needs had been assessed and care plans developed these did not always adequately guide staff so

## Is the service safe?

that they could meet people's needs effectively. There was a clear procedure for recording accidents and incidents. Any accidents or incidents relating to people who used the service were documented which included the outcome and the action plan to minimise the risk of reoccurrence. We saw that the service mostly responded appropriately to the accidents and incidents. One person had been recorded of having a fall and staff on duty were aware of the person's history of falls and preventative measures in place. However risk assessments and the care plan had not been updated after the incident. For example, this person's moving and handling assessment showed no history of falls. This meant the lack of ongoing assessment of risks to people did not protect them against the risk of receiving inappropriate or unsafe care and treatment.

The above issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and their relatives told us that they felt the care was safe at Aspray House. A relative told us, "Definitely safer here than anywhere else for [my relative]." Another relative said when asked if the service was safe, "Oh yes definitely safe."

The service had safeguarding policies and procedures in place to guide practice. Staff told us they had received training in safeguarding adults. Staff understood what abuse was and how to respond appropriately if they suspected that people were being abused. We saw records that safeguarding had been discussed in staff meetings. Staff knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with correctly.

The deputy manager demonstrated that they had made safeguarding referrals to the local authority and the Care Quality Commission (CQC) and acted appropriately following incidents of suspected abuse.

There were sufficient staff on duty to provide care and support to people to meet their needs. We observed that call bells were answered promptly and care staff were not hurried in their duties. We looked at the duty roster and saw that planned staffing levels were maintained. One staff member told us, "I have enough time with people. I'm not rushed as I like to do things properly." Another staff member said, "There is enough staff and for the weekend as well."

There were effective recruitment and selection processes in place as staff personnel records showed they had been subject to appropriate and necessary checks prior to being employed by the service. We saw that copies of proof of identity, their application form, which included their employment history, were kept on file. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people. We saw that references had been obtained to ensure people were of good characters and fit for work. Records also showed that staff's nursing registration and visa status where relevant had been monitored on a monthly basis to ensure they were eligible to practice or work.

During our inspection we checked the overall cleanliness and the state of the environment and we found that the home was appropriately maintained. The service had an in-house maintenance team and had a system in place to report and deal with any maintenance issues. Staff we asked about the system told us they knew how to report issues and their handyman was quick to respond. There was a painting and redecoration schedule in place as well and we found the rooms were also redecorated when a new person moved in.



# Is the service effective?

## Our findings

Staff did not always have effective support, supervision and appraisals. The service had a policy on the supervision of staff which stated staff should receive at least six formal supervisions a year and an annual appraisal. Records showed only 21 out of the 88 staff had an appraisal in 2014 and the frequency of the supervisions was inconsistent. 26 staff had not had one to one supervision within three months prior to our inspection. 18 staff had two or less supervisions in 2014. One staff member told us they only had one supervision since they were employed five months ago. Another staff member who had been employed for seven months told us they had not received a one to one supervision since the start of their employment. Another staff member told us, "I haven't had a yearly appraisal yet in 6 years." This meant staff did not have agreed goals and objectives as well as a formal personal development plan to work towards.

The above issues were a breach of Regulation 23 of the Health and Social Care Act (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and their relatives told us they were confident that staff had the right skills and knowledge to effectively carry out their role. One person told us, "They look after me very well." A relative told us, "The staff are amazing." Another relative said, "The staff are fantastic."

Staff told us and records confirmed that they had received training in a range of topics relevant to their role. These included first aid, fire safety, food safety, infection control, medicines, pressure ulcer management, manual handling, health and safety, safeguarding adults and dementia. One staff member told us, "Training is something we get constantly." The same staff member said, "The training is very helpful to look after the residents." The trainer told us a training plan is made available each month for staff. We saw the training plan was on display in the staff room. The trainer told us and staff confirmed that a text is sent to each staff member monthly advising what training is available.

Staff we spoke with and records confirmed they had completed an induction programme before they started at the home, including showing more experienced staff before they were expected to work independently. One staff member said, "Induction covered training and shadowing."

The deputy manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. The deputy manager knew how to make an application for authorisation to deprive a person of their liberty. There were 15 DoLS applications that had been authorised at the time of our inspection. We saw applications which included detailing risks, needs of the person, and ways care had been offered and least restrictive options explored. Where people had been assessed as not having mental capacity to make decisions, the deputy manager was able to explain the process followed in ensuring best interest meetings were held involving relatives and other health and social care professionals. The service had a four weekly rotating food menu which was changed every three months. People who used the service were asked the day before what they wanted from the menu and a list was completed on each floor which then was sent to the kitchen. The list showed people's dietary and cultural needs regarding their food. We found the staff were familiar with people's dietary needs. One person had a puree diet and we saw the meal was presented in an appetising way. We saw drinks were offered throughout the day and during the mealtimes to people. People told us and we saw records that showed people had requested an alternative meal not on the food menu. We observed a person during the lunch period asking for an alternative meal after being given their original food choice and this was given. People we spoke with were very complimentary about the quality of the food. One person told us, "My food is coming now, it's tasty." Another person said, "The food is nice. I get a different selection everyday." The same person told us, "I asked for a salad tomorrow." Systems were also in place to meet peoples' religious and cultural needs with regard to food.

As part of our visit, we carried out an observation over the lunch time period. People who needed help with eating were supported by staff accordingly. We found the atmosphere of the lunchtime calm and staff was attentive



## Is the service effective?

to people's needs. We saw people were not rushed to eat their meal and people and staff talked throughout the mealtime and enjoyed each other's conversations. People were supported to maintain good health and to access healthcare services when required. Care records showed

people received visits from a range of healthcare professionals such as GPs, district nurses, podiatrists, dentists, chiropodists, and opticians. One person told us, "The doctor comes to see you." A relative told us, "The physio comes once a week to see [my relative]."

# Is the service caring?

## Our findings

People told us that they were well treated and the staff were caring and compassionate. One person told us, "I find them [staff] all very nice. They're very helpful if you want anything." Another person said, "I'm spoilt." A relative told us, "It's brilliant. All the staff are fantastic." A visiting health professional spoke positively about the staff and told us they felt they were caring and taking pride in what they did.

Staff knew the people they were caring for and supporting. Staff members were able to describe how they developed relationships with the people which included talking to the people to gather information on their life history and likes and dislikes. One staff member told us, "I ask what they like to eat and what they used to do for work. I also speak to the family and read the person's care plan and notes." People's life stories were documented in the care plans we reviewed and helped staff deliver individualised care that was sensitive to people's needs. For example, one relative told us staff were learning signing language to help them communicate better with their relative.

We found staff asked people their choice around daily living, such as if they wanted to go sit in the lounge area or their bedroom. Our observations indicated that staff knew people's likes and dislikes. For example, one staff member said, "I know you like yogurt. Do you want a yogurt?" We also heard a staff member asking a person what they wanted to do after they had finished their meal. Staff were

calm and patient with people and explained things well. We saw a staff member sitting with a person helping them plant seeds and calmly explaining the type of flowers that would grow.

The people and relatives told us they were able to make their views known about the care and support provided for their relative. One relative told us, "I am asked to come to reviews. Sometimes I can't come but they will write and tell me if any changes." Another relative told us, "The manager explained she would visit my [relative] before he came here to make sure this was the right place for him." The relatives said the registered manager and staff kept them informed of their family member's care and always discussed any issues and changes. Care files showed that people were involved in decisions about their care. For example, one person had been asked to be called by a shorter version of their name. We heard staff throughout our inspection call this person by their requested name.

We found that people's privacy and dignity was promoted. All the staff were able to give us examples on how they promoted privacy and dignity in everyday practice. One staff member told us, "I will knock on their door and introduce myself. If they refuse a shower I will then go back later and ask again. They can say yes or no." Another staff member said, "When we go into someone's room for personal care I will pull the curtains and close the door." We saw staff knocked on people's bedroom doors, and where possible waited for the person to respond before entering.

# Is the service responsive?

## Our findings

People's records provided evidence that their needs were assessed prior to admission to the home. This information was then used to complete more detailed assessments which provided staff with the information to deliver appropriate, responsive care. These assessments included falls risk, mobility and nutrition. We saw information had been added to plans of care as appropriate, indicating that as people's needs changed their package of care changed.

Although we found people's needs were regularly assessed, the way documentation was arranged meant there was a risk that people may not always receive responsive care as consistent documentation was not in place. We found instances where care plans were either not being followed through or they had missing information. For example, one person's pre-assessment stated they were diabetic. Risk assessments and care plans for this person did not record the person was diabetic. We saw in the care file this person had a diabetic monitoring sheet to record weekly blood sugar levels. Monitoring was only recorded to 23 September 2014. We asked the nurse why monitoring had stopped on this date. The nurse advised the GP had said the person was now stable with their diabetes and only had to blood sugar level checks monthly. We saw monthly checks were not being recorded and when we asked the nurse why monthly checks were not being recorded they could not give an explanation. This meant people who used the service were potentially at risk.

The above issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(3)(b)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they received personalised care that was responsive to their needs. One person told us, "When I buzz they [staff] come running." Another person said, "I've only got to ring that buzzer and someone's there." One relative said, "If anything changes then the staff will call me straight away."

There was a calendar of activities displayed on each floor for the week we were visiting. The service employed two activity co-ordinators and a third position was being advertised. Activities included arts and crafts, dancing, puzzles, listening to music, pampering, newspaper reading and films. On the day of the inspection people were doing arts and crafts in the activities room. The activity co-ordinators told us and we saw group activities were held in the morning and one to one sessions in the afternoon. One person told us, "The activities co-ordinator comes and does my nails in my room." A relative told us, "They have lots of things to do for my [relative]." Another relative said, "My [relative] has activities in a group. He loves it."

Residents and relatives meetings were held on a regular basis to provide and seek feedback on the service. One relative told us, "I always get invited to resident meetings." We saw from minutes of meetings which showed they were asked about what was important to them and discussed issues regarding preparations for Christmas, their activities and the food menu.

We found people and their relatives' feedback was encouraged through newsletters, regular meetings, surveys and a suggestion box at the reception. We found the complaints policy and complaint forms were available at the reception. Staff told us they were usually approached by people's relatives with various issues regarding their care or well-being and they addressed those there and then. If that wasn't possible they said it was reported to the manager.

The service had a complaints management policy and used their own complaints investigation form to record complaints. We saw the records of five complaints and found the service was listening to people's and their relatives' problems and concerns. We found the complaints were investigated appropriately and the service aimed to provide resolution for every complaint in a timely manner. For example, meetings were held with people's relatives to further discuss their concerns and to find a solution. One relative told us, "I would speak to the manager or nurse to complain."

# Is the service well-led?

## Our findings

There was a registered manager in post. Staff told us the registered manager was open, accessible and approachable. They 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 and they worked well together. Staff felt supported. A member of staff said, “She [registered manager] knows what she is doing. She knows how to manage.” Another staff member said, “She [registered manager] has an open door so you can speak to her.” One relative told us, “The manager is very good.” Another relative said, “The manager is always available for a chat.”

There was a clear management structure with a registered manager, deputy manager, nurses, senior care workers and care workers in the service. Staff understood the role each person played within this structure. This meant that people’s roles were clear to staff so they would know the best person to approach for the issue at hand. The commissioning team at the local authority had no concerns about the management of the service.

Regular staff meetings were held to enable open and transparent discussions about the service, and allow all staff to raise any concerns or comments they had. We saw the minutes from these meetings which included topics equipment, training, safeguarding adults, activities, food menu, audits, supervisions, infection control and discussions on people using the service. One staff member said, “We have meetings to discuss if relatives have any concerns and any changes in resident’s care.” Another staff member told us, “We have staff meetings. We talk about care, if equipment needed, and talk about the residents.”

The service had a policy and a system in place to monitor the quality of its service through internal audits and checks on different aspects of the service. For example, the registered manager completed monthly audits on

complaints, accidents and incidents, care plans, maintenance, administration and activities. We saw that an action plan had been implemented and was on-going at the time of our inspection to address the identified issues. However, the service did not always identify shortcomings in the care provision and staff support provided. For example, we saw medicines records were not always accurate and staff did not always have effective support, supervision and appraisals. This meant quality assurance systems were not always robust.

Satisfaction surveys were undertaken annually for people who used the service and relatives. The last survey for people using the service was conducted in 2014. 15 surveys had been returned. Most of the 15 people who completed the survey in 2014 were quite or very satisfied with the service they received. The comments were generally positive and included, “The staff are very good with my [relative], they could not do a better job” and “I have been happy with the level of care”.

The provider’s head of operations manager told us they audited the home regularly to check the quality of service at the home. During our inspection we discussed the outcomes of the latest audit and the changes that were implemented to address the identified issues. For example, it was decided to notify the cook sooner on a new person’s admission to discuss their food choices and preferences. Following feedback, the service changed the time when they asked people about their choices regarding the food menu.

We saw there were systems in place for the maintenance of the building and equipment and to monitor the safety of the service. There was evidence that fire extinguisher, doors, light and alarms were tested regularly. Legionella, portable appliance testing and gas safety inspections were carried out at appropriate intervals to ensure people’s safety. Records also showed that moving and handling (hoists) equipment were serviced six monthly.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2010, which corresponds to regulation 12(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording, safe keeping, and safe administration of medicines. Regulation 12(f)(g)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(3)(a) and regulation 9(3)(b)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person did not take proper steps, through individualised and up-to-date needs assessments and care plans, to ensure that each service user received care and treatment that was appropriate and safe. Regulation 9(3)(a)</p> <p>The registered person did not take proper steps, through planning and delivering care, treatment and support so that people are safe, their welfare is protected and their needs are met. Regulation 9(3)(b)(h)</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 23 of the Health and Social Care Act (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity received supervision and appraisals. Regulation 18(2).