

Silversword Limited

Old Alresford Cottage

Inspection report

Old Alresford
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Old Alresford Cottage provides accommodation and personal care for up to 44 people. The home is an older style building arranged over three floors with rooms accessed by lift or stairlift. The home describes itself as specialising in supporting people living with dementia. There were 35 people using the service when we inspected.

People's experience of using this service and what we found

Improvements were needed to ensure the premises were kept clean and hygienic throughout and the interior of the home maintained and decorated to an acceptable standard. We received mixed feedback about staffing levels and there was an inconsistent approach to managing some of the risks to people's health and wellbeing. Staff understood their responsibility to raise concerns and report safety related incidents. People told us they felt safe at Old Alresford Cottage and staff had clear guidance about what they must do if they suspected abuse was taking place.

We made a recommendation about seeking ways in which to make the environment more supportive of people living with dementia, or other sensory deficits.

The governance systems in place were not being fully effective at ensuring the quality and safety of the service. Staff understood the values of the service and spoke of a positive culture and of the importance of providing people with person-centred care. Overall people told us staff were kind, caring and friendly and we observed interactions where staff engaged with people in a cheerful and positive manner. Feedback from relatives and professionals about the registered manager was mostly positive, with a professional praising the registered manager for the hard work and support they and his team had provided with a case that was very challenging at times.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 31 August 2021) and there were two breaches of Regulations. At this inspection we found that insufficient improvements had been made and the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 24 and 27 May 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve the safety of recruitment procedures and the robustness of the governance arrangements.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Old Alresford Cottage on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Old Alresford Cottage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one 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 care service.

Service and service type

Old Alresford Cottage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Old Alresford Cottage is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification tells us about important issues and events which have happened at the service. We used all of this information to plan our inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with seven people living in the home and six relatives/ friends. We also spoke with the registered manager, deputy manager, 2 regional managers, the infection control lead, the activity coordinator and six care workers.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received written feedback from a further four staff, three relatives and two health and social care professionals. We also continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Our last inspection had found that recruitment was not safe as the provider had not ensured that all of the required checks had been completed.

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- We reviewed the recruitment records for four staff and found that overall, these contained all of the required checks. We did note that in one of the files viewed, a reference had been obtained not from the prospective staff members line manager, but clearly from one of their peers. This is a concern as peers would not be aware of important issues such as the candidate's disciplinary history. The registered manager has acknowledged that this was an oversight. They have since taken action to obtain a reference from the staff members manager.
- The planned staffing levels, which records showed were usually met, were based upon a formal assessment of people's needs and the number of staff hours being deployed was above that indicated by the provider's dependency tool to take account of the more complex layout of the building.
- We received mixed feedback about the staffing levels. Some staff felt these were adequate to meet people's needs. For example, one staff member said, "Staffing levels are appropriate at the moment, when we feel we need more staff we ask management, the management have been using agency staff to ensure we have enough staff". Others told us, the staffing levels could at times lead to care being rushed, which could at times impact on their ability to provide more holistic and person centred care.
- People and their relatives also provided mixed feedback. One person told us, "On the whole they come quickly unless they have an emergency" but another said, "Sometimes staff take a long time to respond to me, they are always very busy." Concerns were raised by two relatives about not always being able to find a member of staff when they visited and snacks or drinks being left in front of people, but no assistance being given to eat or drink these.
- Our observations and records did raise some concerns that response times to call bells and alarm mats were not always prompt.
- We discussed our concerns with the registered manager. In response, they have arranged for the call bell system to be enhanced and have had an additional panel put in to display which call bells have been activated making this information more accessible for staff.

- They had also obtained a license to recruit staff from abroad via a Home Office Sponsorship Scheme. The registered manager told us a number of competent staff had recently been recruited via this scheme and they were confident that this approach would support the ongoing consistency of care and reduce the need for agency staff.

Assessing risk, safety monitoring and management

- The approach to risk management was inconsistent and records did not always provide assurances about how staff were managing some of the risks to people's health and wellbeing.
- One person was assessed to be at risk of falls. They had an alarm mat outside of their room to alert staff that they were leaving their room. However, their risk assessment had not considered that their room led directly out on to a stair well. We observed that it took 11 minutes for one alert from this person's alarm mat to be answered.
- Due to frailty, one person had lost 23% of their body weight within the last three months, whilst staff had consulted the GP regarding the weight loss, daily food and fluid records for the seven days prior to our inspection, did not provide assurances that the person was being offered regular food and fluids. The fluid records of two other people known to be nutritionally at risk also did not provide assurances that regular fluids had been offered throughout the same period.
- The deputy manager was confident that these findings would have been due to the provision of drinks not being fully recorded rather than people not having access to fluids and our review of records did not indicate a high prevalence of urinary infections or concerns around dehydration. However, we were concerned that there did not appear to be a robust system in place to monitor fluid intake or escalate concerns. The deputy manager has advised us that the importance of recording all fluid intake had been reiterated to all staff and additional training is to be arranged and this will be monitored through additional spot checks completed by the management team.
- The diabetic care plan for another person needed to be more specific about the circumstances in which their diabetic care should be escalated to the GP. This has now been addressed.
- A number of the risk assessments viewed were found to have either omitted key information or to contain conflicting information. Whilst in most of the examples seen risk reduction measures were in place, an accurate risk assessment helps registered managers and providers decide whether they should / could be doing more. The impact of these specific concerns was mitigated by the fact that the staff team knew people and their needs well.

Whilst there was no evidence that anyone had been harmed, there was an inconsistent approach to risk management. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The design and layout of the building presented some challenges due to its age and design, but we found that further work was needed to ensure the safety of the living environment and equipment within it.
- Windows on the first floor were not found to have tamper proof restrictors. The provider is addressing this.
- In a ground floor toilet readily accessible to people, there was a panel which we saw was loose. We were told this kept falling off. Behind the panel was a shaft with wires in it. This presented risks in terms of general safety but also fire safety.
- Monthly fire and legionella checks were incomplete, and we were not assured that staff were trained to a suitable level to enable them to understand current water safety risk management practices.
- A legionella risk assessment had been undertaken in January 2022. This had made a number of high priority recommendations which the report stated required 'urgent remedial action to mitigate a serious risk'. Whilst work had started, a number of the recommendations had still not been completed when we inspected in July 2022.

- An inspection of the lift in January 2022 had made a number of safety recommendations, the same recommendations had been made at the previous inspection in June 2021. We were not assured that sufficient action had been taken seek the completion of remedial works.
- There was a significant amount of rubbish stored in the corner of the garden. This included broken glass, sinks, wood and other rubbish. The registered manager had confirmed to us that a small number of people used the garden independently and we were concerned that this area presented a hazard to their safety.
- One person required a specialist mattress to mitigate the risk of their skin integrity declining. When we visited this person, we noted that the mattress pump had a hazard sign on it. When we pointed this out to the registered manager, he checked and found that the mattress alarm had been muted. The alarm is there to warn staff that the bed may not be functioning correctly and needs attention. We were concerned that this had been silenced but no action taken to address, or escalate, the fault. The registered manager checked and provided assurances that all the remaining mattresses were functioning correctly.

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

- Whilst the environment was homely and had character, in general, the décor in most areas of the home needed a refresh and some of the furnishings were worn and tired. This was commented on by a number of the people and relatives we spoke with. Comments included, "It is a bit tired in places, my room gets very cold in the winter and hot in the summer", [Person's name] room is tired looking, small and could do with an ensuite; the whole building could do with renewing" and "It all wants a refit, renewal and replacing, the carpet in my room could do with replacing, it is stained". Concerns were also raised with us about the lack of hot water in some rooms.
- We were assured by the date of our second visit that the provider had, or was, taking action to address the above concerns. They explained that there were extensive plans for the interior and exterior of the home to be refreshed some of which were already underway such as a programme of replacing carpets.
- The interior design and décor, whilst homely, was not fully adapted to meet the needs of those living with memory loss or dementia or other sensory deficits, enabling them to safely and meaningfully interact with the environment in which they lived.

We recommend that the provider consult best practice guidance on how best to adapt the interior design of the home to ensure that this meets the needs of those living with dementia.

- There was evidence that people were supported to be involved in managing risks to themselves and were given freedom, choice and control over their lives. For example, a social care professional told us how staff had used a person centred approach, which included positive risk taking. They said, "I was impressed with the home manager explaining to the wider community that this was a person who had capacity and who had the right to make his own decisions, even if they are felt to be too risky to others".

Preventing and controlling infection

- We identified concerns with the cleanliness of the environment and equipment which increased the risk of infection spreading.
- For example, lounge tables were dirty and sticky, the edging strips had come off exposing the chip board below making this an infection control risk. Flooring and fixtures in some of the communal bathrooms, toilets and shower rooms were also worn and in some had a build-up of dust and dirt. Chair raisers in the lounge were found to have food and other debris in the bottom of them. Plastic tablecloths on the dining tables were stained and there was a build-up of dirt around a number of door thresholds including those into the kitchen. Paintwork throughout the home was chipped and worn including on the doors to people's

room. Maintaining fixtures, fittings and equipment is important to ensure that good infection control practices can be maintained.

- The registered manager explained that the housekeeping team was currently depleted, and that an additional 16 hours of cleaning hours was being recruited to. They assured us that in the interim these hours would be offered to the existing team to cover.
- By the time we made our second visit to the home, the cleanliness of the home had much improved throughout and so we were assured that the registered manager was taking action to address our concerns.
- People and their relatives were overall satisfied with the cleanliness of the home and many spoke positively about the hard work of the head of the housekeeping team who we also found to be dedicated to their role.
- The kitchen had recently had an assessment by the Food Standards Agency and been issued with the best standard of food hygiene certificate.
- Feedback from relatives in a recent survey undertaken by the provider indicated an overwhelming confidence with the way in which the service had responded to the challenges of the pandemic. One relative told us, "They managed Covid very well, ensuring PPE was well stocked and controls to reduce likelihood of it entering the building was as good as it could be".
- We did note that two staff were not wearing masks. They told us they were exempt from doing so on health grounds. This was not in keeping with current guidance which requires all staff to wear masks at all times in care homes and demonstrated a lack of understanding of the latest requirements. This has now been addressed by the provider.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Whilst the provider still encouraged visits to be booked, and for relatives or friends to undertake a lateral flow test before visiting, they were clear that should visitors arrive without a booking or a test, they would not be turned away in line with current guidance.

Using medicines safely

- Improvements were needed to consistently ensure the safe and proper use of medicines.
- We reviewed the medicines administration records (MARs) for July 2022 and found three occasions where there was a gap in the MAR, but no reason for this recorded. Staff undertaking the next medicines round had not reported this to enable action to be taken to understand the circumstances of why the gap was present. This is important as it may be necessary to seek a review by the GP.
- The home maintained a stock of non-prescription or 'over the counter' medicines. When checked, we found a stock discrepancy in relation to one of these medicines.
- Whilst it was evident that the deputy manager had worked hard to make improvements to the processes for recording the use of topical creams, we continued to find examples where the topical administration record did not provide assurances that people had received their topical creams as prescribed.
- Where staff were using PRN or 'as required' medicines, there was no record being maintained as to why these were needed or whether the medicine had been effective. This helps staff to monitor any themes or trends that might need escalation to the prescriber.

- The use of prescribed drinks thickener was not being consistently recorded.
- Staff were trained to administer medicines. People's MARs did include all the relevant information recommended by best practice guidance and handwritten MARs had been checked for accuracy by a second trained member of staff.
- Appropriate records and checks were being undertaken of the controlled drugs.
- People were happy with the support they received with their medicines. One person said, "They are very good at giving me my medication and I always have it on time". We saw examples where people were being provided with pain relief in a responsive manner outside of the main medicine's rounds and staff spoke with confidence about how they used a range of techniques to respond to distressed behaviours before considering the use of medicines to manage this.

Learning lessons when things go wrong

- Staff understood their responsibility to raise concerns and report safety related incidents.
- Each month the manager analysed all of the incident and accident forms to assist in identifying themes and trends. This was a helpful review, but there were some missed opportunities to ensure this was always sufficiently probing and clearly identified all of the learning and remedial actions taken following safety related events.
- There continued to be evidence that following incidents or accidents, advice was sought from other professionals to help inform care planning and risk management.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Old Alresford Cottage and relatives were also confident that their family members were safe from abuse.
- The provider had appropriate policies and procedures which ensured staff had clear guidance about what they must do if they suspected abuse was taking place.
- Staff felt able to speak up about any concerns and were confident that any concerns raised would be acted upon by the management team to ensure people's safety. One staff member told us, "My aim is to make my residents feel safe, secure and listened to and help them as much as possible. If for some reason I couldn't help a resident with worries etc I would find out how we could help them".

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question as requires improvement. At this inspection the rating has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; how the provider understands and acts on their duty of candour responsibility

- We were not assured that the registered manager had sufficient oversight of some aspects of the safety and quality of care, or of the environment.
- The registered manager had not ensured that alternative arrangements had been put in place to ensure that key safety related checks were undertaken in the absence of staff who had previously been responsible for these.
- Whilst some audits had been effective in identifying and addressing areas for improvement, we were still not assured that audits and quality monitoring were being fully effective as they had either not identified or resolved the issues this inspection found.
- Some of the records relating to the management of the service were disorganised or not readily available when we requested these. This did not provide assurances that the registered manager had oversight of these to assure themselves about compliance with regulatory and legislative requirements.
- We were not assured that the registered manager had an effective system in place to monitor the completion of training or supervision.
- The registered manager undertook walk arounds of the interior of the building but had not identified that there were areas of the home where the cleanliness was compromised.
- Accurate and up to date records were not always in place, for example, some risk assessments contained conflicting information or lacked completeness. This had been a concern at our last inspection in May 2021 which indicated a lack of progress with embedding improvements in this area.
- There was a detailed service development plan in place, but this inspection found concerns in some of the areas where actions had been signed off as having been achieved or completed.

The systems in place were not being fully effective at ensuring compliance with the fundamental standards. This was an ongoing breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where the inspection identified areas for improvement, the registered manager and provider took prompt action, wherever possible, to address issues or implement new procedures. For example, additional monthly and weekly checks and audits have been put in place which the registered manager will have oversight of.
- The leadership team felt supported by the provider and felt they had a good balance between support, oversight and autonomy. The deputy manager told us, "Anything we fundamentally need, you don't have to

justify yourself".

- The registered manager was aware of their responsibility to act in an honest and transparent way when things went wrong.
- Our discussions with the care team leaders provided assurances that they were knowledgeable about people's needs. This was also confirmed by a social care professional who told us, "I have worked with [staff names], carers at the home and they were supportive and seemed well informed regarding the residents I was visiting".
- People and their relatives told us staff were well trained and knew how to meet their needs.
- The provider continued to invest in training and there were plans to reintroduce a number of face to face training sessions which staff felt was positive.
- Staff overall spoke of a positive culture within the home. They told us they worked well as a team and supported one another when needed to ensure that essential care was delivered. One staff member said, "I love the teamwork as everyone pulls together which makes a great atmosphere to work in" and another said, "I have to say I feel very welcomed from the day one I have started. Team is very helpful, and it is pleasure to work with them".
- Feedback from relatives and professionals about the registered manager was mostly positive. For example, a social care professional praised the registered manager for the hard work and support they and his team had provided with a case that was very challenging at times.
- One relative told us, "I feel that it is managed very well and [registered manager] keeps us informed" and another said, "We think the manager is very good... we like him very much, he is always helpful".
- Feedback from staff about the leadership and approach of the registered manager was mixed.
- A number of staff spoke of the positive leadership and guidance of the team leaders who they said were accessible, knowledgeable and responsive, but felt that the registered manager could be more visible within the service.
- Staff mostly said that morale was improving after a difficult year and it was evident that the provider and registered manager were taking measures to express their appreciation to the staff team which included increases in pay and putting on social events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and provider sought feedback from people and those important to them in order to develop and improve the service.
 - Review meetings were held where people, their families and health and social care professionals discussed the care and support being provided and to identify any changes or improvements that could be made.
 - People were invited to attend meetings, led by the activity's person, to hear about planned developments within the service and to share their thoughts about the care they received including the food and activities. One person told us, "The chef does a good job, but I don't like having carrot every day. I told him and he changed it".
 - Detailed newsletters were sent on a regular a basis to people's friends and family, keeping them up to date on changes in government guidance in relation to the pandemic for example.
- Surveys were sent to relatives and the results of these were being analysed to identify areas for improvement.
- Regular meetings and briefings were held with staff to communicate important information about the service and give them the opportunity to share their views. Staff told us that where possible their feedback had been acted upon promptly, for example, one staff member told us, "I have asked for a clearer hand over sheet to be completed.... in regard to dietary requirements and this was completed the same day and kept regularly updated" and another said, "I have asked [Registered manager] to get a stand aid and he got one".

- Weekly heads of department meetings were held. One staff member said, "They hear us out, if we have any concerns, keep us informed of new admissions or changes in the home".

Planning and promoting person-centred, high-quality care and support with openness;

- Staff understood the values of the service and spoke about the importance of providing people with person-centred care. One staff member said, "I like being able to change people's life and being part of the end of their life, making a difference for them".
- We observed interactions where staff engaged with people in a cheerful and positive manner, and others where they were gentle and patient.
- The feedback we received from people and their relatives assured us that staff tried hard to convey a genuine interest in people and the things that were important to them. For example, one person told us, "At first I was nervous, I suffer from depression, but they have accommodated me and helped me" and another said, "The staff are very kind and thoughtful...they treat me with dignity and respect and respect my privacy".
- Overall, relatives praised staff across all roles for their kindness, including the night team and the laundry person. A relative said, "I am in regular contact with [staff member] who keeps me informed on my mother's health and wellbeing. She is always very kind, and nothing seems 'too much trouble'".
- Another relative told us, "The way they speak to people is very kind, they are a human being, they may have dementia, but they deserve respect, they asked for information about [Person] so that they could speak to them about things he had done". This relative told us how staff had recently supported their family member to do some painting in the garden with the maintenance person as this had always been something they had enjoyed.
- Two relatives did raise concerns about some aspects of their family members care. These included staff not always promoting independence and concerns about their family member being dressed in someone else's clothes or with elements of their personal care lacking.
- The home had an activity coordinator who worked five days each week. They organised group activities including games, gardening, outside entertainers, exercises and armchair travel during which people talked about their travels to countries and enjoyed games, music and food from the region. There had also been a recent trip to a local garden centre which people told us they had enjoyed. During the inspection, we observed a performer singing in one of the communal lounges which eight people attended.
- The activities lead also devoted some time to providing one to one activities to those cared for in their rooms. They told us they tried to ensure that they saw each person at least once a week and records suggested these sessions were meaningful for people, but we did feel that there was scope to make these interactions more frequent.

Working in partnership with others

- There was evidence that the registered manager and the staff team worked with a range of health and social care professionals including, GPs, social workers, the community mental health team and speech and language therapists to meet people's needs.
- However, one health care professional told us there had been missed opportunities for the homes management team to engage with local forums, training opportunities and special interest groups.
- The registered manager and deputy manager responded in an open and transparent way to requests for information to support this inspection.

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 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>The systems in place were not effectively assessing all of the risks to health and safety of service users including those presented by aspects of the premises. This is a breach of regulation 12 (1) (2) (a) (b) (d) (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems in place were not being fully effective at ensuring compliance with the fundamental standards. This was an ongoing breach of regulation 17 (1) (2) (a) (b) (c) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>