Seymour House (Hartlepool) Limited

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Inspection report

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Date of inspection visit:
30 November 2015

Date of publication:
19 January 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 30 November 2015 and was unannounced. We last inspected Seymour House (Hartlepool) Limited in August 2014. At that inspection we found the service was meeting all the regulations we inspected.

Seymour House (Hartlepool) Limited provides nursing and residential care for up to 20 people. The home provides care and support for people with mental health needs. At the time of this inspection there were 20 people living at Seymour House (Hartlepool) Limited.

The home did not have a registered manager. Although a new manager had been appointed, they had not yet applied to register with the Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider had breached regulations 12, 17, 18 and 19 of the Health and Social Care Act 2008. This was because checks to protect the health and safety of people using the service were overdue. The registered provider did not have personalised guidance to support people in an emergency. The registered provider lacked a structured and effective approach to quality assurance to improve the quality of the service. Quality audits had not been completed recently.
Staff had not completed all of the training they needed to effectively carry out their caring role, such safeguarding, Mental Capacity Act and fire safety training. References were not available for some staff to confirm they were suitable to work with vulnerable adults.

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

People gave us consistently positive feedback about the service. They said they were treated with dignity and respect by staff who knew their needs well. One person told us, "The girls keep looking after me. I have been here a long time so they know me very well." Another person said, "Staff call me by my name and always knock on my door, they treat me very well." People confirmed they felt safe.

People were independent and had no restriction placed on them in terms of access to and from the service. Deprivation of Liberty Safeguards (DoLS) authorisations were not required for people currently using the service. People told us they could come and go as they liked, and were not restricted at all.

People told us they were free to make their own choices and decisions. One person said, "I can come and go when I want to, I do my own thing." Another person told us, "I like it here; I can come and go when I want." People described how staff had supported them to meet their religious needs by arranging for a local to priest to visit them at the home. Other people described how staff supported them to dress how they chose

and to help them lose weight.

Risk assessments were in place to help keep people safe. Assessments identified control measures to help keep people safe, including accessing specialist medical support.

Staff knew how to raise concerns about people's safety. One staff member said, "I would go straight to my line manager and voice my concerns." Another staff member said, "I have not seen anything. Concerns would be dealt with very professionally and quickly, straightaway." Safeguarding concerns had been reported to the local authority for further investigation.

There were enough staff to meet people's needs in a timely manner. One person told us, "They are always about, in and out of here [lounge area]."

Medicines were managed appropriately. Medicines records confirmed people had received their medicines correctly from trained staff. Medicines were securely stored and locked away.
The registered provider had systems to log and investigate incidents and accidents. Records confirmed action had been taken following falls to help keep people safe.

Staff had a good understanding of how to support people when they displayed behaviours that challenged. Strategies used included distraction and diversion techniques, such as playing games. One staff member said, "We try to stop a situation before it starts."

People were independent with eating and drinking. They told us they enjoyed their meals. One person told us, "We have lovely homemade meals, I enjoy all my food."

People were supported to access health care when required, including a range of professionals, such as community nurses, specialist nurses and GPs. One person told us, "I can go to the doctors on my own but someone will go with me if I want it's no trouble to them. They make sure I get my flu jab."

People had their needs assessed, including their social needs. There was no record people's needs assessments had been reviewed, however up to date care plans were in place and had clear goals identified for people to aim towards. The language used within care plans was written from a medical perspective which might be difficult for people to understand. A new format for care plans was to be introduced from January 2016.

People were involved in a range of activities, such as playing games, going to the gym, walking along the seafront and cycling.

People knew how to complain if they were unhappy with the service. One person said, "I have never needed to complain but I know to speak with [manager], and he would listen." There had been no complaints received about the service.

There were opportunities for people to give their views, through key worker meetings, regular service user meetings and a suggestion box.

We also found two statutory notifications relating to safeguarding concerns had not been submitted to the Care Quality Commission. We are dealing with this outside of the inspection process.

Staff gave us positive feedback about the new manager and said they were approachable. One staff member

said, "The manager is approachable and easy to talk to. I can always approach him if I need anything."

Staff had opportunities to give their views, through attending regular staff meetings. One staff member said, "Staff are listened to, staff get on." There was a positive atmosphere in the home. One staff member described the atmosphere as, "Nice, a really lovely service."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Health and safety checks to help keep people safe were overdue. The registered provider did not have personalised guidance in place to help staff support people appropriately in an emergency.

There were enough staff to meet people's needs. Disclosure and barring checks had been carried out for all staff. Some references were not available to view.

Medicines were managed appropriately. Risk assessments were in place to help keep people safe. Staff knew how to raise concerns about people's safety. Safeguarding concerns had been dealt with appropriately.

The registered provider had systems to log and investigate incidents and accidents.

Is the service effective?

Requires Improvement

The service was not always effective. Staff had not completed all of the training they needed to effectively carry out their caring role.

The registered provider followed the requirements of the Mental Capacity Act 2005 (MCA).

Staff had a good understanding of how to support people when they displayed behaviours that challenged.

People were independent with eating and drinking and gave us positive feedback about their meals.

People were supported to access health care, such as community nurses, specialist nurses and GPs.

Is the service caring?

Good

The service was caring. People gave us consistently positive feedback about the service, including their care. They also said they were treated with dignity and respect.

People said staff knew their needs well. They also told us they were free to make their own choices and decisions.

People described how staff had supported them to fulfil their care and support preferences.

Is the service responsive?

Requires Improvement

The service was not always responsive. There was no indication within care records that people's needs assessments had been reviewed.

Up to date care plans were in place and had clear goals identified for people to aim towards. However, medical terminology used within care plans might be difficult for people to understand.

People were involved in a range of activities.

People knew how to complain if they were unhappy with the service. They had opportunities to give their views about their care and the service in general.

Is the service well-led?

Inadequate

The service was not well led. The home did not have a registered manager. The registered provider lacked a structured and effective approach to quality
assurance. The quality audit had not been completed since the registered manager left the service.

Two statutory notifications relating to safeguarding concerns had not been submitted to the Care Quality Commission.

Staff gave us positive feedback about the new manager and said they were approachable.

Staff had opportunities to give their views, through attending regular staff meetings.

Seymour House (Hartlepool) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 November 2015 and was unannounced. The inspection was carried out by two adult social care inspectors.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We spoke with five people who used the service. We also spoke with the manager not yet registered, one senior care worker and three care workers. We looked at the care records for two of the twenty people who used the service, medicines records for all people and recruitment records for five staff.

Requires Improvement

Is the service safe?

Our findings

The registered provider did not have up to date checks to ensure the safety of premises. The Regulatory Reform (Fire Safety) Order 2005 identifies fire risk assessments should be reviewed at least annually. We viewed the fire risk assessment for the service; this had not been reviewed since 2013. Other checks relating to the safety of the premises were not up to date. For example, emergency lighting tests were last carried in May 15, whilst fire alarm tests and fire-fighting equipment tests had last been carried out in June and July 2015 respectively. Prior to these dates they had been carried out consistently each month. This meant that we could not confirm that people were being adequately protected against health and safety related risks, such as the risk of fire.

The registered provider did not have personalised guidance to help staff evacuate people safely in an emergency. For example, one person had an assessment called 'requires help in the event of a fire' risk assessment. The person had been scored as a 'low risk' in terms of their ability to leave the building independently. The assessment went on to identify the person required 'assistance from one nurse to evacuate to a safe area.' The assessment did not identify the actual support the person needed from the nurse to ensure a safe evacuation.

The registered provider had not taken appropriate steps to alert people to the use of oxygen, which was stored in the building. We found there was no signage in the building to inform people to this. The manager told us all support staff knew how to use the cylinder safely and correctly.

Portable Appliance Tests had not been carried out since July 2014. The manager told us that a contractor has been approached to carry out this work.

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

The registered provider did not have effective systems in place to check prospective new staff were suitable to work with vulnerable adults. References were not available for some staff whose records we checked. We found there were no references for one staff member who had commenced their employment in August. There were also no references at all on file for a further two staff members who had started their employment in September 2014 and August 2015. We discussed this with the new manager who told us they were unable to comment as they hadn't been employed at the time and weren't responsible for the recruitment.

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

Records confirmed checks had been carried out with the disclosure and barring service (DBS) before new staff started their employment. This was to confirm whether they had a criminal record or were barred from working with vulnerable people. The registered provider had evidence of up to date registration with the

Nursing and Midwifery Council (NMC) for qualified staff. This meant in some cases no present or past employment or character references had been obtained for staff.

The service had a current gas safety and electrical safety certificate in place. The service had the correct documentation in place which showed that moving and assisting equipment had been serviced.

People told us they felt safe in the home and that staff supported them to be safe out in the community. For example, putting on the correct type of clothes to keep warm. One person told us, "Staff always tell me to get a taxi home if I feel tired instead of getting on the bus." Staff confirmed they felt people were safe. One staff member commented, "Yes, staff keep people safe." Another staff member said, "If I didn't think they were safe I would report it."

Where potential risks had been identified, risk assessments were in place to help keep people safe. For example, care records included risk assessments for people's mental health relapsing, accessing the community independently, self-neglect and skin damage. Risk assessments clearly identified the control measures needed to reduce the risk to the person. For example, to prevent a relapse the controls identified were for people to access specialist medical support and for staff to support people to take their prescribed medicines.

Although some staff had not completed recent safeguarding training, staff we spoke with knew how to raise concerns about people's safety. One staff member said, "I would go straight to my line manager and voice my concerns." Staff were aware of the registered provider's whistle blowing procedure. They said they had not seen anything of concern but felt if they had raised anything it would be dealt with straightaway. One staff member said, "I have not seen anything. Concerns would be dealt with very professionally and quickly, straightaway." Another staff member commented they had "never" seen anything of concern whilst working at the service. A third staff member said, "I have not raised any concerns. I wouldn't still be here if I wasn't happy." We viewed the registered provider's safeguarding log. We found there had been two safeguarding concerns logged which had been reported to the local authority for further investigation. These concerns had been dealt with and were now closed.

We observed the nurse administering medicines, this was done in a safe manner. They called people by their name and stayed with people whilst they took their medication. The nurse understood the policy and procedure the home used to manage medicines safely.

Medicines were securely stored in a locked medicines trolley within a locked room. The medicines room was small and also contained non-medical equipment. Staff told us a new medicines room was to be created in another part of the building. The fridge used for storing medicines was located in the home's kitchen. Temperature records were available to show the temperature of the medicines storage room and fridge were monitored daily.

Each person had a medicines administration record (MAR). This included details of people's prescribed medicines. On the front of each MAR there were personal details about the person including any known allergy alerts. People's MARs confirmed medicines were administered to them at the prescribed times. Medicines were dispensed in seven day blister packs with additional non-blistered medicines stored in individual named storage boxes. The registered provider kept an accurate record of medicines entering the home. Staff kept a running audit for some prescribed medicines. We found some inconsistencies with this recording due to a difference in approach between staff.

There were enough staff to meet people's needs in a timely manner. People told us staff were visible in the

home. One person told us, "They are always about, in and out of here [lounge area]." The manager and staff members told us they felt staffing levels were sufficient to support people in the right way. One staff member said, "People are seen quickly." On the day of our inspection the manager, a registered mental health nurse and three care staff were on duty. During the night the service is overseen by one registered mental nurse and one support worker.

The building was clean, warm and comfortable. The manager told us there was some redecoration and refurbishment planned for the home. The staff member responsible for cleaning had a routine to ensure the home was kept clean. They told us, "I am always busy but enjoy working here." Personal protective equipment (PPE) was worn by staff when necessary in line with the home's infection control procedures. The service received a score of 5 for their hygiene rating; this was on display in the kitchen.

The registered provider had systems to log and investigate incidents and accidents. We viewed the incident log. We saw there had been 15 accidents recorded. These mostly related to falls with no serious injuries being sustained. Accidents had been reviewed and action taken to help keep people safe. For example, people had been referred to the falls team with specialist equipment provided for one person to help prevent further falls.

Requires Improvement

Is the service effective?

Our findings

Staff had not received the up to date training they needed to meet people's needs safely and appropriately. Training records confirmed staff training was not up to date. The training matrix confirmed completion for some training courses was low, including safeguarding, Mental Capacity Act, mental health and fire safety. For example, the service provides care for people with mental health needs, however only 16% of care staff had received mental health training. Training records showed that not all staff had received safeguarding training. Only one nurse currently working on day duty had completed safeguarding training. In total out of 19 staff, 58% had completed safeguarding training. We did not see evidence that staff had completed MCA training. One staff member commented, "MCA training, not at this employment." Staff had not received formal fire safety training, apart from taking part in fire drills.

Staff were not receiving regular supervision and appraisal. Supervision and appraisal are important to ensure staff have an opportunity to discuss the support, training and development they need. There were gaps in supervision records for all staff whose records we viewed. For example, records showed one staff member hadn't had supervision since January 2015. There were no records available to confirm nurses were receiving clinical supervision. One nurse told us that they had not had any clinical or professional supervision since commencing their employment in the service. Records showed appraisals were overdue for all staff. Although staff were not receiving regular supervision, staff we spoke with said they felt supported. One staff member said, "I am very supported." Another staff member commented, "100% supported." A third staff member said, "I am fully supported. I can go to the nurse in charge or [manager] with anything

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us as part of the development of the home there would be an annual appraisal planner developed and a new supervision record to capture more information about concerns and issues.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards [DoLS], and to report on what we find. MCA is a law that protects and support people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' It also ensures unlawful restrictions are not placed on people in care homes or hospitals. We found that not all staff had received training on MCA and DoLS.

People were independent and had no restriction placed on them in terms of access to and from the service. DoLS authorisations were not required for people currently using the service. People told us they could come and go as they liked, and were not restricted at all. One person told us, "I am not prevented from going out. I do go out but need a member of staff with me, the staff are good and well trained." Staff told us they always asked people for permission before providing support. They said they would respect a person's decision. One staff member said, "I ask them first, if people refuse to be supported it's their choice, they have capacity." They went on to tell us they would still try and encourage or negotiate with people. For example,

offering alternatives such as a body wash instead of a bath or shower. Another staff member said, "We ask them. If they said no that is fine, it is entirely up to the individual."

Some people using the service displayed behaviours that challenged. Staff had a good understanding of how to support people at these times. They described the individual strategies they used to support people when they were anxious or agitated. For instance, using distraction and diversion, such as playing games. One staff member said, "We try to stop a situation before it starts."

We spoke with people about meal times and the choices available to them. One person told us, "The food is not bad, you can get a cup of tea or coffee with biscuits whenever you want. The staff make sure the trolley is always stocked up." One person told us, "We have lovely homemade meals, I enjoy all my food."

We observed over the lunch time period. Tables were set and were clean. Staff knew what people wanted but people were offered choices if they wanted something else. Support when needed was given sensitively. Staff interacted with people over lunch in a supportive manner. People using the service were independent with eating and drinking. Staff said people were assessed to check they were not at risk of poor nutrition. They told us nobody was currently at risk or required specific monitoring or action to ensure they had enough to eat or drink.

People were supported to access health care when required. People told us staff organised for them to see the doctor if they were unwell. One person told us, "I can go to the doctors on my own but someone will go with me if I want it's no trouble to them." "They make sure I get my flu jab." Another person said, "I get weighed every month to keep an eye on my weight, if I am not well I just tell the nurse." Another person said, "If I am not feeling well I can speak with my nurse, they arrange for me to see the Doctor." Care records confirmed people had regular input from a range of healthcare professionals, such as community nurses, specialist nurses and GPs.

Good

Is the service caring?

Our findings

People gave us consistently positive feedback about the service and their care. They told us they liked living at the home. One person told us, "The staff are there if I need them." People also said they were supported by staff who knew their needs well. One person told us, "The girls keep looking after me. I have been here a long time so they know me very well." People went on to tell us they had one to one time with staff members to discuss their care. One person said, "We have time to talk to the nurses. They ask if things are alright. I can speak with [manager] about my money and they make sure I have enough."

People were supported to be in control of their care. People told us they were free to make their own choices and decisions. One person said, "I can come and go when I want to, I do my own thing." Another person told us, "I like it here; I can come and go when I want."

People were treated with dignity and respect. One person said, "Staff call me by my name and always knock on my door, they treat me very well." Staff had a good understanding of the importance of treating people respectfully. They described how they provided care so people felt respected. For example, knocking on people's doors before entering their room and checking people wanted help first before supporting them. One staff member said, "We check it is ok to help first rather than just do it." Another staff member said, "I try to treat people as if it was my nana."

People were supported to meet their individual preferences. One person told us they used to go to a local church until it closed. They told us about how staff discussed with them about attending a different church. The person said Mass was too early and they also did not want to go out on an evening. The person said staff arranged for the priest to visit them in Seymour House instead. One person said, "I like to be well dressed and have my hair done, it's important they plan that for me." Another person told us they were trying to lose some weight. They said, "I get weighed and the staff help me to choose foods."

People were supported to be as independent as possible. Staff said they worked with people to develop their daily living skills. They said some people didn't like to participate but would try with encouragement. Staff supported people with everyday tasks, such as cooking, baking cakes, making beds, doing the laundry and going out and about in the local community. Some people accessed the local community independently. Staff members told us the aim was for some people to eventually move on into more independent accommodation.

Staff were clear about what the service did best. One staff member commented, "Providing people with the support they need." Another staff member said, "The care definitely. We have good relationships with all the service users." A third staff member said, "Promoting independence and looking after them."

Requires Improvement

Is the service responsive?

Our findings

Staff had access to information to help them better understand people's needs. Care records contained background information about each person, such as details of their next of kin, their GP, health professionals involved in their care and their medical details.

People had their needs assessed both before and after they were admitted into the home. The assessment considered people's needs relating to areas such as mobility, dressing, continence, communication and nutrition. The assessment also looked at people's social needs. For example, overnight stays with a family member were identified as being particularly important to one person. Part of the initial assessment was to review people's social skills to identify areas for development. For instance, for one person budgeting skills had been identified as a particular barrier to their independence. Although staff we spoke with referred to people's changing needs, there was no record of people's needs assessments having been reviewed.

Where staff had identified a particular need, an associated care plan was in place. Care plans clearly identified people's needs, specific goals and the 'interventions' required to meet these needs and goals. For example, for one person their goal was to promote a good level of personal hygiene. The planned interventions to achieve the goal were to discuss with the person the importance of personal hygiene, prompts to have baths or showers each day and agree with the person their preferences. Care plans we viewed had been evaluated regularly to keep them up to date. However, the record of the evaluation did not always contain meaningful information. For example, for one person the evaluation record for one of their care plans stated 'continues to require prompts' and was repeated each month.

Staff members said they asked people about their care and support preferences. We saw examples of these preferences in people's care records. For example, food likes and dislikes. However, care plans used some medical terminology that may be difficult for people to understand. For example, one care plan referred to a person being 'disturbed by deluded ideation.' This language could be difficult for the person to understand and be a barrier to them having meaningful input into how their care was to be planned.

The manager told us a new format for care plans was to be implemented from January 2016. They were currently awaiting sign off from the registered provider. The manager said the new format would enable the care planning process to "flow better as it currently didn't."

People were involved in a range of activities. These included playing games, going to the gym, walking along the seafront and cycling. Staff said there was always a staff member available if people wanted to go somewhere.

People knew how to complain if they were unhappy with the service. One person said, "I have never needed to complain but I know to speak with [manager], and they would listen." There was a complaints procedure for people to access if they had concerns. There had been no complaints received about the service.

There were opportunities for people to give their views. They met with their key worker monthly to discuss

their care. Staff said they used this as an opportunity to check whether people were happy with the service and staff, including discussing any changes to the person's needs. People also had the opportunity to give their views through attending regular meetings. One person told us, "There are meetings we talk about the food, trips out and whether we are all happy here." Regular 'service user' meetings were held, sometimes monthly. We viewed the minutes from previous meetings and saw topics that had been discussed included menu choices, activities and feedback about staff members. Activities discussed recently included baking, making Christmas cards and plans for the Christmas party. A suggestion box had recently been placed in the home for people to leave any comments and suggestions they had.

Inadequate

Is the service well-led?

Our findings

The home did not have a registered manager. The registered manager left the service with effect from 1 August 2015. Although a new manager had now been appointed they had not yet registered with the Care Quality Commission to become the registered manager for the service. We also found two statutory notifications relating to safeguarding concerns had not been submitted to the Care Quality Commission. We are dealing with both of these matters outside of the inspection process.

The registered provider did not have a structured or effective quality assurance programme. We viewed the registered provider's 'quality assurance' procedure dated 2010. The procedure stated the registered provider will, 'rigorously and continuously monitor the effectiveness of its quality assurance procedures to assure that they are operating in accordance with good practice, in the best interests of people we care for and the maintenance of standards.' It went on to describe quality assurance as 'all the policies, systems and processes directed to ensuring the enhancement of the quality and standards of the provision'. We were unable to establish with certainty what these quality systems were as the new manager was unable to provide us with any evidence of them. For example, during our previous inspection in August 2014 we found the registered provider carried out regular six monthly quality audits. However, we did not see any records to confirm these had been completed recently. We discussed these with the new manager who told us he was not aware of these audits. We asked the manager to describe the quality assurance procedures in place within the home. They replied those would be the six monthly audits we discussed. This meant the registered provider did not have an effective, continuous and consistent approach to monitoring the quality and safety of the care people received.

There had been a lack of oversight to ensure aspects of the service were maintained. For example, since the registered manager had left health and safety checks, training, supervision and appraisals had all lapsed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence that some audits took place, such as a catering audit and infection control audits. However, it was unclear how these linked into the wider quality assurance processes for the home. Infection control audits looked at hand hygiene and systems to check on the cleanliness of the home. The most recent infection control audit included observations of staff and had been 100% compliant.

Staff gave us positive feedback about the new manager and said they were approachable. One staff member said, "The manager is approachable and easy to talk to. I can always approach him if I need anything." Another staff member said, "I can speak to the manager anytime." A third staff member said, "The manager is on the ball, enthusiastic. He is definitely approachable, I can go to him about anything."

Staff had opportunities to give their views. Regular staff meetings took place. One staff member said, "Staff are listened to, staff get on."

There was a positive atmosphere in the home. One staff member described the atmosphere as, "Nice, a really lovely service." Another staff member said, "Brilliant, like being at home." A third staff member said, "Like a cosy house, a big family house. There is a happy atmosphere, the staff all get along.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks associated with unsafe or unsuitable premises because health and safety checks were not carried out consistently. The registered provider did not have personalised guidance to ensure people's safety in an emergency. Regulation 12 (2) (b) and 12 (2) (d).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance People were not protected against the risks associated poor quality or unsafe care because the registered provider lacked a structured and effective approach to quality assurance. Regulation 17 (2) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider did not have effective recruitment procedures because references were not available for all staff employed at the home to confirm they were suitable to work with vulnerable adults. Regulation 19 (2).

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff had not received some necessary training to enable them to deliver care to people safely and to an appropriate standard.
Regulation 18 (2) (a).