

Autism Initiatives (UK)

Lilford Court

Inspection report

1 Lilford Court
Havisham Close, Birchwood
Warrington
Cheshire
WA3 7JZ

Tel: 01925817087

Website: www.autisminitiatives.org

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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 

Summary of findings

Overall summary

This inspection was unannounced and took place on the 21 March 2016. A second day of the inspection took place on 29 March 2016 in order to gather additional information.

Lilford Court was last inspected in August 2013. Six breaches of legal requirements relating to: consent to care and treatment; care and welfare of people using the service; staffing; supporting workers; assessing and monitoring the quality of service provision and records were identified. We undertook a follow-up inspection in March 2014 and found that improvements had been made to address the breaches.

Lilford Court offers accommodation and personal care for up to eight adults who have an autistic spectrum disorder and / or a learning disability. The registered provider is Autism Initiatives UK. At the time of our inspection the service was accommodating six people.

People using the service are supported by staff on a twenty-four hour basis. Each person has their own bedroom upstairs and people share a communal bathroom. A kitchen, lounge and dining room are also located on the ground floor. There are gardens at the front and back of the houses and parking outside.

At the time of the inspection there was a registered manager at Lilford Court. 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.

It became apparent during the inspection that there was a lack of managerial presence and direction in the service as a range of issues were highlighted throughout the inspection as detailed within the report.

During this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take as the back of the full version of the report.

We found that the registered person had not taken appropriate steps to keep the properties clean and appropriately maintained.

We also found that the registered person was not operating effective systems or processes to assess, monitor and improve the quality and safety of the services provided.

A number of records essential to the management of the service or to the evaluation of people's care and treatment were either unavailable or out of date.

During our inspection we used a number of different methods to help us understand the experiences of

people who lived at Lilford Court. This was because the people who lived at Lilford Court communicated in different ways and we were not always able to directly ask them their views about their experiences. Our observations showed people appeared relaxed and at ease with the staff.

We found there was a warm atmosphere and people appeared content, relaxed and happy in their home environment. People using the service were seen to follow their preferred routines and lifestyle and interactions between staff and people were positive, responsive to need and caring.

The care provided at Lilford Court was personalised and enabled people to live as independently as possible. People who used the service were supported and encouraged to follow their preferred routines and to make decisions about aspects of their daily lives such as their meals and daily activities.

Staff knew how to protect people from abuse and to keep them safe. The registered provider had policies in place to safeguard people from abuse and staff had completed training in this key area.

Medicines were ordered, stored, administered and disposed of safely. People had contact with their GP and health professionals as required.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. Staff were only able to start work at Lilford Court once the provider had received satisfactory pre-employment checks. We saw there were enough staff on duty to support people as needed in the home.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring if there are restrictions on their freedom and liberty these are assessed by the supervisory body. The assistant manager and majority of support staff spoken with had a good understanding about this and when it should be applied.

People who lived at Lilford Court were supported to plan their meals and make their own drinks and snacks, with staff support. Staff had good knowledge of people's likes, dislikes and routines in respect of food, drinks and meal times.

People using the service took part in a variety of activities. Some people attended a day centre and others enjoyed activities both in the home and in their local community. Individual weekly timetables were completed as a way of helping people to understand what they were doing at different times of the day.

A complaints procedure had been developed by the provider and systems were in place to respond to complaints. We found that any complaints had been managed in accordance with the home's complaints procedure.

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.

People were not adequately protected by the prevention and control of infection as parts of the property were not clean.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

People were protected from the risks associated with unsafe medicines management.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Training records had not been kept up-to-date to provide an overview of training completed or the outstanding learning needs of staff.

The environment was not being maintained to a satisfactory standard to safeguard people's privacy and dignity.

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed to provide guidance to staff on this protective legislation and the need to protect the rights of people who may lack capacity.

Staff were aware of the need to promote people using the service to have a healthy lifestyle and to maintain hydration and good nutritional intake.

Systems were also in place to liaise with GPs and to involve other health and social care professionals when necessary.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

Staff treated people well and they were kind and caring in the way that they provided care and support.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care records showed people using the service had their needs assessed and planned for however some records relating to people using the service were in need of review and updating.

People received care and support which was personalised and responsive to their needs.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The home had a registered manager who was not based on site to provide leadership and direction

A range of auditing systems had been established so that key aspects of the service could be monitored and developed. However, there was no evidence that relatives had been consulted about their opinions of the service and we saw gaps in records which had not been identified as part of the internal monitoring process.

Lilford Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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.

The inspection took place on 21 and 29 March 2016 and was unannounced.

The inspection was undertaken by two adult social care inspectors.

Before the inspection, we asked the provider to complete 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 also looked at all of the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority to provide us with any information they held about Lilford Court. We took any information they provided into account.

During the inspection we met the six people who lived at Lilford Court and encouraged people to communicate with us using their preferred communication methods.

We also spoke with the registered manager, assistant manager, six staff and one visiting relative. Additionally, we contacted three relatives to obtain further feedback via the telephone.

We undertook a Short Observational Framework for Inspection (SOFI) observation during the evening time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records including two care plans belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan to

meet people's care needs and manage any risks to people's health and well-being. Examples of other records viewed included; policies and procedures; three staff files; minutes of meetings; complaint and safeguarding records; medication; rotas; staff training; maintenance and audit documentation.

Is the service safe?

Our findings

We asked people who used the service or their representatives if they found the service provided at Lilford Court to be safe. People told us they felt that support was being provided in a safe, secure environment. No direct comments were received.

We looked at two care files for people who were living at Lilford Court. We noted that each person had support plans and a range of risk assessments in place to help staff understand how to best support the people they cared for. A fire risk assessment was in place and personal emergency evacuation plans had been completed to ensure an appropriate response in the event of a fire. This information helped staff to be aware of current risks for people using the service and the action they should take to minimise and control potential / actual risks.

Systems were also in place to record incidents and accidents. The management team also completed 'Monthly Quality Assurance Monitoring (MQAM) reports to monitor the use of any restricted practices and any accidents, incidents or injuries. This information enabled senior management to maintain an overview of incidents. A local business continuity plan had also been produced to ensure an appropriate response in the event of an untoward incident.

At the time of our inspection of Lilford Court, the service was providing accommodation and personal care to six people with autism specific support needs. We checked staff rotas which confirmed the information we received throughout the inspection about the minimum numbers of staff on duty.

The service employed a registered manager and an assistant manager. The assistant manager worked alongside staff in one property and had 15 hours per week supernumerary time. We saw no evidence on the rota of the time that the registered manager had spent at Lilford Court to provide leadership and direction to staff.

Examination of the rotas indicated that each of the two properties was staffed with a minimum of two care staff during morning and afternoon shifts. During the night each property was staffed with a sleep in and waking night shift. An on-call service was also in operation to provide additional support.

We noted that a number of staff on duty were agency staff and were informed that the service had vacancies for five staff. We noted that the service endeavoured to ensure that a consistent team of staff supported people using the service due to their complex support needs. One relative spoken with told us that he had previously had concerns regarding continuity of care but that the situation had improved.

No concerns were raised regarding staffing levels at the time of our inspection by people using the service or staff.

We looked at a sample of three staff files. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met

the requirements of the current regulations. In all four files we found that there were application forms; two references; disclosure and barring service (DBS) checks; proof of identity including photographs and interview notes. We also received confirmation from the provider's head office that all staff had completed a medical questionnaire before an offer of employment was made.

All the staff files we reviewed provided evidence that the checks had been completed before people were employed to work at Lilford Court. This helped protect people against the risks of unsuitable staff gaining access to work with vulnerable adults.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on safeguarding and whistleblowing. A copy of the local authority's safeguarding adults procedure was also in place for reference.

Training records viewed confirmed that the majority of the staff team had completed safeguarding training. Furthermore, discussion with staff confirmed they understood their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

We asked to view the safeguarding file for the service. The registered manager informed us that safeguarding records were held centrally at the organisation's head office and that no safeguarding incidents had occurred in the last 12 months. This information was consistent with records held by CQC.

No whistle blower concerns had been received by the Care Quality Commission (CQC) in the past twelve months.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a policy for the administration of medication. The policy was accessible to staff and files contained confirmation of policy awareness records. A PRN (as required) medication protocol had also been produced for staff to reference.

Each property was equipped with a medication file which identified the name and medication for each person requiring support with medication including their photograph. Medication administration records, PRN signing sheets, patient information leaflets, guidelines for administering medication, audit records and other associated documentation was also available for reference.

A staff signature checklist was not available for reference to confirm which staff were authorised to administer medication in each property. We raised this issue with the assistant manager who assured us that she would address this matter.

People's medicines were looked after and managed by support staff and usually given to people at a time that fitted into their normal daily routine. Staff responsible for medication confirmed they had completed medication training prior to administering medication and undertook daily handover checks.

We checked the arrangements for medicines at Lilford Court. Medication was found to be securely stored inside a wall cabinet in each property and medication administration records (MAR) viewed had been correctly completed and provided a clear audit trail of medication administered.

Medication audits consisted of daily counts for each service user. Additionally the 'Monthly Quality Assurance Monitoring (MQAM) tool confirmed basic checks had occurred on the storage, recording, stocks and returns of medication.

At the time of our inspection none of the people using the service had chosen to self-administer their medication.

We have recommended that the auditing system for medication is developed to include all aspects of the ordering, storage, recording, administration and disposal of medication.

The provider had developed an Infection Control Policy and staff spoken with confirmed they had access to personal protective equipment.

Despite weekly house audits having been undertaken and washing and cleaning schedules being in place, we noted significant gaps in recording and one shower room, bedroom, toilet and adjacent wall was dirty and in need of cleaning. Action had been taken to address these issues by day two of our inspection.

We also noted that hand towels were being used in the toilets in both properties. We discussed the increased risks of cross contamination as disposable paper towels were not in use.

We recommend that hand towels are replaced with paper towels to control the potential transmission of infection.

Is the service effective?

Our findings

We asked people who used the service or their representatives if they found the service provided at Lilford Court to be effective. People spoken with confirmed that their care needs were met by the provider. No direct comments were received.

Lilford Court consists of two semi-detached properties in a residential part of Birchwood, Warrington. Each person had their own bedroom upstairs and shared a bathroom. A kitchen, lounge and dining room are also located on the ground floor. There are gardens at the front and back of the houses and parking outside. At the time of our inspection, we noted that one property had no blinds or curtains in a lounge area and the suite was showing signs of excessive wear. Likewise, one bedroom in use had no blinds or curtains, had a malodorous smell and the carpet was dirty and covered in dust. Another bedroom had an isolated damp patch on the ceiling. Furthermore, the shower room had some broken tiles and was in need of a deep clean, together with the toilet.

In the other property viewed we noted that the curtains were hanging off the track in the dining room and the carpet in two bedrooms needed cleaning. Action had been taken by day two of our inspection to clean the property and replace blinds and / or curtains.

This was a breach of Regulation 15 (1) of the HSCA 2008 (Regulated Activities) Regulations 2014. People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.

People's rooms had been personalised with memorabilia and personal possessions however both properties viewed were in need of maintenance, refurbishment and / or cleaning. We also discussed with the management team how the environment could be improved and enhanced for the people using the service.

We were informed that the provider had established a programme of induction, mandatory; qualifications and service specific training for staff to access. This was delivered via a range of methods including classroom based and on-line training.

We received two training matrixes for each property. These highlighted that staff had access to induction, mandatory and role specific training. Records indicated that the majority of staff had completed induction training however gaps were noted for other courses.

Conversely, some staff spoken with told us that they had completed training which had not been recorded on the training matrix therefore it was not possible to make an accurate judgement on the outstanding training needs of staff. Likewise, the information submitted in the provider information return (PIR) was not consistent with information on the matrix. For example, the two matrices identified that only one person had completed the MCA/ DoLS training however the PIR identified that 11 had completed the training.

Staff spoken with reported that they had access to ongoing training and received supervision from either the

assistant manager or a senior support worker. Likewise we saw evidence of periodic team meetings coordinated by the assistant manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS).

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the assistant manager and were told that the provider had developed a corporate policy on the MCA and DoLS. This could not be located at the time of our inspection and was sent to us following our visit.

We received confirmation following our visit to Lilford Court that none of the people using the service were subject to a DoLS. However, we noted that the provider had applied for a DoLS for each service user as people were being subjected to restrictions such as continuous supervision and control.

The provider offered training on the MCA and DoLS. Staff spoken with told us that they had completed this training. One person who had completed the training lacked awareness of this protective legislation and whether any of the people using the service were subject to restrictions. We raised this issue with the assistant manager who assured us that she would take action to address the matter.

The acting manager informed us that people using the service were assisted to develop their weekly menu each Sunday night and supported and encouraged to eat a varied, wholesome and nutritious diet.

Following the discussions a 'This week my menu looks like this' plan was produced for each person to follow. Records of the meals provided for each person had also been recorded on food intake charts. One person using the service told us that they were involved in shopping for food and had a choice and control of what they wanted to eat each day.

We observed people preparing their breakfast and lunch time snacks and noted that they had access to refreshments throughout the day.

People using the service or their representatives confirmed they had access to a range of health care professionals subject to individual need. Personal health files viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; dentists; opticians and chiropodists etc. subject to individual needs.

Is the service caring?

Our findings

During our inspection we used a number of different methods to help us understand the experiences of people who lived at Lilford Court. This was because the people who lived at Lilford Court communicated in different ways and we were not always able to directly ask the people their views about their experiences.

One person using the service told us: "I like it here. The staff are great".

Likewise, feedback received from three relatives confirmed they were satisfied with the standard of care provided to their family members. Comments received included: "As far as I am aware he is more than happy"; "I am satisfied with the care provided for my daughter" and "The service is a God send to us. He appears content here."

On day one of our inspection we had concerns that the privacy and dignity of people using the service had not always been adequately safeguarded as we noted that curtains and blinds were missing from a lounge and one person's bedroom. By the second day of our inspection action had been taken to improve parts of the environment.

We spent time with people living at Lilford Court, staff and visitors during our inspection. We found there was a warm atmosphere and people appeared content, relaxed and happy in their home environment. People using the service were seen to follow their preferred routines and lifestyle and interactions between staff and people were positive, responsive to need and caring.

Staff were observed to speak with people using the service in a friendly manner and people looked at ease with staff. Staff used their knowledge of the people they supported effectively so their conversations and interactions reflected their understanding of people using the service, their diverse and complex needs and preferences.

We used the Short Observational Framework for inspection (SOFI) tool during the evening as a means to assess the standard of care provided. We observed people's choices were respected and that staff communicated and engaged with people in an effective, polite and dignified manner. We also noted that interactions between staff and people were caring and personalised and that staff were attentive and provided appropriate assistance in accordance with people's needs.

Staff spoken with confirmed they had taken time to read key information on the needs of the people using the service and had opportunities to work alongside experienced staff to get to know the people they cared for and their particular support needs. Staff told us that this had helped them to understand the importance of providing person centred care.

People's personal files contained personal development and support plans. These documents described the individual goals people were working towards to promote personal development and / or independent living skills and showed that staff were supporting people to develop new skills.

Information about people receiving care at Lilford Court was kept securely to ensure confidentiality.

Is the service responsive?

Our findings

We asked people who used the service or their representatives if they found the service provided at Lilford Court to be responsive. People spoken with confirmed the service was responsive to their individual needs however some relatives reported that they had not attended a recent service review.

We looked at the files of two people living at Lilford Court. Each person had a 'working' and a 'health' file.

Working files contained information unique to each person such as: 'About me'; 'getting to know me'; support plans and goals; positive intervention support plans and risk assessments. Supporting documentation such as: records of communication with family; missing person protocols; audit records; hospital support plans and financial support assessments were also available for reference. Daily report books were used to record what people had done each day and included information on lifestyle planning and choice making, together with reflection and review.

Health files were linked to a model developed by the local NHS trust and included: details of the last routine health care appointments for each individual; a health passport; weight and other related monitoring charts.

We saw that support plans were designed to be person-centred which meant that they focussed on the individual as a person rather than the needs of the service. We also noted that audits of working files had been undertaken within the last six months however some records had not been completed or were in need of review. Furthermore, we saw no evidence that people using the service or their representatives had been involved in care planning / risk management and a number of staff had not signed key documentation such as positive intervention support plans. Similar issues were noted by the local authority following their last monitoring visit.

This was a breach of Regulation 17 (1) (2) of the HSCA 2008 (Regulated Activities) Regulations 2014. Accurate, complete and contemporaneous records in respect of the care and treatment provided to service users were not available.

The registered provider (Autism Initiatives) had developed a corporate 'Complaints, compliments and suggestions' procedure which was on display. Likewise, easy read versions had been completed for people using the service to reference. We noted that the easy read versions in one property contained incorrect contact details and needed updating.

The complaint records for Lilford Court were viewed. Records indicated that there had been one complaint in the last 12 months which had been addressed by the provider. No complaints or concerns were received from people using the service or their representatives during our visit.

We saw that people using the service had an individual weekly timetable which outlined how people had planned to spend their time each week. People were encouraged to follow their own interests and activities.

During our inspection we observed three people preparing to attend their local day centre. One person was supported to access the local community with two staff and another was supported by a relative to go shopping in Manchester.

Records detailed that people had participated in a range of activities. For example, people had enjoyed: drives out to different destinations; swimming; shopping for food or personal items; visiting pubs and cafes; day trips out; art and craft activities; watching television, listening to music or using a lap top; puzzles; baking; attending college; watching films and visiting the cinema; bus and train journeys and / or bowling.

Is the service well-led?

Our findings

We asked people who used the service or their representatives if they found the service provided at Lilford Court to be well led.

One relative stated "I do feel there has been some slippage in the overall management of the place... It does need a more hands on approach from the senior management team. We never have contact from the service seeking our views."

Likewise, some staff spoken with highlighted that they had little visible contact with the registered manager and told us that he was only contactable by phone and was supportive when needed.

Lilford Court had a registered manager that had been registered with CQC since 2011. An assistant manager was also in place who had specific responsibility for overseeing one of the two properties.

The registered manager is legally responsible for the service. It became apparent during the inspection that there was a lack of managerial presence and direction in the service as a range of issues were highlighted throughout the inspection as detailed within the report. The properties were also found to be operating as two distinct services with different systems.

The registered manager attended the inspection for day one only as he had other commitments on day two of the inspection. Consequently, the inspection team were mainly assisted by the assistant manager during the two days of the inspection. The assistant manager was helpful and responsive to requests for information from the inspection team. Staff were observed to refer to the managers by their first names which reinforced that there was a friendly relationship between them.

We received positive feedback regarding the assistant manager from relatives and staff. For example, comments received included: "X [assistant manager] is trying hard. She is on a learning curve but she is committed"; "X [assistant manager] has been brilliant" and "X [assistant manager] is very approachable here. I feel I am being supported."

The provider had developed a quality assurance policy to provide guidance to management and staff on expected standards. We asked the management team to provide us with information on the system of audits in place at Lilford Court to monitor key aspects of the service.

We noted that 'Peer to Peer' monitoring visits had been undertaken by a link manager / service manager but not always at monthly intervals as detailed within the quality assurance policy. The report format covered a range of areas such as: discussions with staff, people who use the service, family and other professionals; external grounds; internal condition; files; notifications; incident reporting; compliments and complaints; quality and performance management; medication; health documentation; consent and treatment; meeting nutritional needs; dignity in support; service development and action required.

Furthermore, the registered and assistant manager completed monthly 'Audit of Restrictive Practices Used' (ARPU) and 'Monthly Quality Assurance Monitoring (MQAM) reports to monitor the use of any restricted practices and the overall operation of the service. The reporting tool enabled the managers to focus on incidents; injuries; supported documentation and the domains of safety, effective; caring, responsive and well led. Unannounced visits were also undertaken periodically.

The assistant manager informed us that the voice and experience of people using the service was obtained via daily reports; service user consultation sessions and service reviews. The organisation also had a service user forum which met periodically.

At the time of our inspection we were informed that no recent surveys had been sent to people using the service and / or their representatives. The assistant manager informed us that she would look into this matter and ensure a summary of results report together with an action plan was produced if necessary. We also noted that despite a quality assurance system being in place the environment was not clean, was in need of maintenance and refurbishment and some key records had not been kept up-to-date or were not accessible.

This was a further breach of Regulation 17 (1) (2) of the HSCA 2008 (Regulated Activities) Regulations 2014. The registered provider did not have an effective system in place to monitor and improve the quality of the service.

We were informed that maintenance of the properties was overseen by 'Your Housing' (the landlord). We asked to sample service documentation for the fire alarm; fire extinguishers; gas safety; electrical wiring; emergency lights and portable appliance testing. The assistant manager told us that the provider had not been provided with copies of the service documentation with the exception of the gas safety certificate. We asked for the certificates to be forwarded to us following the inspection but we did not receive them.

We sampled a number of test records relating to both properties and noted that weekly house audits had been completed. We were informed that the testing of emergency lights and the fire alarm had been undertaken and recorded for only one of the two properties.

A statement of purpose guide had also been developed to provide information to people using the service and / or their representatives on the service provided.

During our inspection noted that different recording systems were in operation between the two properties in Lilford Court which were not easily accessible and were disorganised and / or not up to date. Other records essential in the management of the service were also either incomplete, for example, the training matrices and cleaning schedules, or unavailable, for example environmental safety certificates.

This was a further breach of Regulation 17 (1) (2) of the HSCA 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that accurate and complete records were available in respect of service users and the management of the regulated activity.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems and processes had not been established and operated to enable the registered person to ensure good governance