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Franklin House Limited

Inspection Report

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Summary of findings

Overall summary

Franklin House is a privately owned care home. The home provides accommodation and care for up to 38 people and was fully occupied on the day of our inspection. Accommodation is provided on one level, with an enclosed inner courtyard. The home is close to Oldham town centre. The majority of people living at Franklin House have some level of confusion or dementia type illness.

The manager registered with the Care Quality Commission (CQC) in June 2013 following her appointment. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

We found the location was not meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People's human rights were therefore not properly recognised, respected and promoted. Whilst senior staff had undertaken training in DoLS other staff had not and when spoken with did not understand their responsibilities so that people rights were promoted and protected. This meant there had been a breach of the relevant regulation under the Health and Social Care Act (2012).

We looked at the care records for people who lived at Franklin House. Care plans were reviewed however not all the information was transferred to the care plan reflecting the current and changing needs of people. Risk assessments needed expanding upon so that staff knew clearly how to support people so they were kept safe. Without such information people were at risk of not receiving the care and supported they needed. This meant there had been a breach of the relevant regulation under the Health and Social Care Act (2012).

The manager carried out regular monitoring of the accommodation and care provided to check that people were kept safe and received a good standard of care and support. However some systems were not as effective as they should have been so that where improvements were needed, these were identified and acted upon. This meant there had been a breach of the relevant regulation under the Health and Social Care Act (2012).

Staff respected people's privacy and dignity when offering personal care and support. We heard staff addressed people by their preferred name and were heard explaining to people and asking their permission before carrying out any intervention. Interactions between people and staff were kind and compassionate.

Routines were relaxed, with people spending their time as they chose. Activities were made available providing variety to people's day. We saw some people were provided with less opportunity than others due to their ability to join in.

We found that relevant information and checks were carried out when recruiting new staff.

Suitable arrangements were in place to ensure people's nutritional needs were met. People were provided with a choice of suitable healthy food and drink ensuring their nutritional and cultural needs were met. The service worked closely with health care professionals, such as dieticians, so people's current and changing needs could be met.

Staff spoke positively about working at Franklin House and the support they received from the manager. We were told and saw records to show that staff received on-going training to assist them in delivering the care people needed.

People living at the home were confident they were listened to and the manager would act on their comments. Some people were not however aware how they could raise concerns should they need to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People we spoke with told us they felt safe living at Franklin House and said they could not have better care than that provided by staff. People we spoke with felt there were enough staff on duty to meet their needs and they did not need to wait unduly for assistance.

We found the location was not meeting the requirements of the Deprivation of Liberty Safeguards. While procedures were in place, staff did not have the knowledge and understanding about the safeguarding ensuring people rights were properly promoted and protected.

Relevant information and checks were completed prior to new staff commencing their employment. This could be enhanced to include records of interviews and decisions made about applicant's suitability for work at the home.

Are services effective?

People were assessed by a senior member of staff from the home before they came to live at the home to ensure their individual needs could be met. Information to guide staff in addressing areas of risk needed improving so that potential risks to people were minimised. We have asked the provider to make improvements in this area.

Systems were in place with regards to the training and support of staff. The service had access to a comprehensive e-learning package as well as internal and external practical training courses. Individual supervision meetings and team meeting were also held so that staff were kept up to do date with events within the home.

We found suitable arrangements were in place with regards to the nutritional needs of people. A four weekly menu was in place offering a choice of meals. Drinks and snacks were provided throughout the day. Where people had been assessed at risk due of poor nutrition and hydration, additional checks were put in place. Referrals were made to the person's GP or dietician if additional advice and support was needed.

Are services caring?

We heard staff addressed people by their preferred name and were heard explaining to people and asking their permission before

Summary of findings

carrying out any support. Interactions between people and staff were kind and compassionate. We saw people were escorted to somewhere private when care was provided so their privacy and dignity was respected.

We found those people who were more able or had additional support needs had more attention and interaction from staff, whilst others were left quiet or sleeping. Those people able to speak with us told us they were cared for properly, that staff were attentive and reliable. This was also supported by one of the visitors we spoke with.

People's care records showed their preferences, likes and dislikes had been recorded so that care and support was provided in accordance with their wishes. Information also showed where staff at the home involved other health and social care professionals in the care and support of the people who used the service.

Are services responsive to people's needs?

Some of the people living at Franklin House were not able to tell us about their experience of living at the home. We saw staff interacted well with people, were sensitive to people's needs and offered reassurance and encouragement where necessary. Staff were seen to carry out their duties with confidence requiring little direction from senior management. A range of activities were offered to people. These varied depending on people preferences.

Where people needed help to make important decisions, staff worked closely with the person, their relatives and relevant health and social care professionals. Independent advocates would be involved where necessary to help people express their views and wishes.

Staff contacted relevant health care professionals, such as district nurses and dietician, for additional advice and support where it had been identified people's needs had changed. The helped to ensure people's health and well-being was maintained.

The home had a complaints procedure in place advising people and visitors how they could raise any concerns and the action that would be taken by the provider. We saw that the manager responded to any issues or concerns brought to their attention.

Are services well-led?

People living at the home, their visitors and staff we spoke with were confident in the management of the service.

Whilst checks were in place to regularly monitor and review the quality of the service provided, some areas were not as effective as they should have been ensuring people were kept safe.

Summary of findings

Any issues or concerns brought to the manager's attention were recorded and responded to in line with the homes procedures. Where necessary appropriate action was taken.

The manager had good working relationships with the staff team and external agencies so people received appropriate care and support which met their needs.

The management of the home and staff team had remained stable. Staffing levels were kept under review so that any changes in need could be accommodated.

Summary of findings

What people who use the service and those that matter to them say

During our inspection we spoke with six people who lived and the home and three visitors. Due to people living at Franklin House having some level of confusion or dementia type illness we spent some time observing how people spent their time; how staff interacted with them and how they were offered the care and support they needed.

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

We saw staff respected people's privacy and dignity when offering personal care and support. Interactions between people and staff were kind and compassionate. We saw those people who were quiet or asleep were left to relax unless they needed staff assistance to the dining area for their meal or they needed to use the bathroom. Other people, who were able to interact with staff or had additional support needs, had more attention and interaction from staff. We saw on a few occasions staff intervene where people were agitated by another person due to their behaviour. This was done in a sensitive manner.

People we spoke with told us; "You can depend on the staff", "It's brilliant", "I can lock my bedroom door and people knock on the door if they want to come in" and "It's brilliant, you couldn't find better". One person said staff assistance was 'immediate' when they asked for it.

They also said they felt safe at the home. Three people spoken with said they always received the medical care they needed and they would speak with the manager or staff if they had any concerns. One person added; "X [the manager] is very understanding".

We were told the manager was very 'hands on', was aware of the needs of people and was proactive in dealing with any issues brought to her attention. We were told; "The home runs smoothly", "100% confidence in the manager", "The manager is very understanding" and "The manager is very hands on, this reflects on the staff. She won't ask them to do anything she wouldn't do herself".

Visitors also gave us their views about the service and the care offered to their relatives who lived at Franklin House. One person told us; "I'm very impressed with how content people are here". Another stated their relative appeared well cared for. They also said they had raised a concern with the manager about their relatives clothing, this was dealt with and had not reoccurred.

We also spoke with a nurse from the Home Liaison Team who supports staff caring for people with dementia. They too spoke positively about the care and support staff offered to people. They told us; "The home provides a good standard of care, staff has a good grasp of people's needs" and "They [the staff] bring any issues to the nursing team if needed, they always make appropriate referrals". They also said they had no concerns regarding people's privacy and dignity.

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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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

The inspection team was made up of an Inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We visited Franklin House on the 29 April 2014. We spent time speaking with people and their visitors as well as observing care in the large lounge/dining room. We looked around the building, including a small number of bedrooms, bathrooms and communal areas.

Before our inspection, we reviewed the information we held about the home. We contacted the local authority commissioning and safeguarding teams to seek their views about the service. No comments were received The provider also sent us a completed provider information record (PIR) prior to our visit. This provided us with information about the service and helped to focus our work and the areas we looked at.

The last inspection was carried out in October 2013. There were no concerns identified at that inspection.

We spoke with six people who lived at the home who were able to chat with us, three relatives, the registered manager, deputy manager and four members of the staff team. This included care staff, kitchen staff and the activity worker. We also looked at people's care records as well as information about the management and conduct of the service. Following our inspection we contacted the Home Liaison Team who provide advice and support for people living at the home in relation to their dementia care needs.

Are services safe?

Our findings

People living at Franklin House had varying needs and abilities. Three people we spoke with felt there were enough staff on duty to meet their needs and they did not need to wait unduly for assistance. One person said; "You can depend on staff". Another person said they 'felt safe' at the home and "It's brilliant, you couldn't get any better". The visitors for two people also concurred with these comments.

The manager told us they would contact the Home Liaison Service if they had any issues or concerns about people. Their role is to support people and staff in meeting the needs of people with dementia. We spoke with a member of the Home Liaison Service following our inspection visit. They told us; "They bring any issues to the nursing team where necessary, always make appropriate referrals".

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards.

We found the location was not meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). We looked at training records to see if staff had received training in Mental Capacity Act 2005 (MCA) and DoLS. Information showed that some staff had completed the training over the last year. The manager told us those staff requiring updates in this training would be booked on the awareness training offered by the local authority. However staff spoken were not able to clearly demonstrate their understanding. As the majority of people living at Franklin House have some level of dementia, staff need to understand how to effectively support and promote the rights of people. This meant people were not protected against the risks of unsafe or inappropriate care as staff did not fully understand their responsibilities in safeguarding people's rights. This meant there had been a breach of the relevant regulation (Regulation 23(1)(a)) and action we have asked the provider to take can be found at the back of this report.

We saw that policies were in place to guide staff in safeguarding adult's procedures. The manager told us that staff training was also provided. New staff completed in-house video training as part of their induction. Further training was accessed through the local authority training partnership as well as external training providers. We saw certificate to show staff had recently completed training in safeguarding adults. This involved the completion of a workbook and assessment, which was then verified by an external moderator to check staff understood their responsibilities and the procedure to follow.

Staff spoken with were aware of what action to take if they suspected abuse or a concern was raised with them. They also told us they felt confident the manager would listen and take any action required.

We looked at the personnel files for two staff who had recently been employed to work at the home. Records included an application form, written references, identification, health declarations and a criminal record check carried out by the Disclosure and Barring Service (DBS). We found records of staff interviews were not completed to show how decisions had made about the suitability of candidates. The manager confirmed these were not done.

We looked at the staffing levels provided at the home. The property is purpose built with a large lounge / dining room in the middle of the home and a smaller quite lounge to the front. Most people spent their time in the large lounge/ dining room whilst some people spent time in the smaller lounge or the privacy of their own room. We saw that sufficient numbers of staff were available to support people throughout the day. The team comprised of the manager, a deputy manager, senior care staff, carers, an activity worker and ancillary staff.

We observed staff respect people's privacy and dignity. Personal care support was carried out in private and staff were seen to knock on people's door before entering. From our discussions and observations of staff we found they had a good understanding of people's individual needs. People were encouraged to be as independent as possible and where necessary, were assisted in a gentle and unhurried way. One person spoken with told us; "I can lock my bedroom door and people knock on the door if they want to come in".

Are services effective?

(for example, treatment is effective)

Our findings

We spoke with one visitor whose relative had recently moved into the home. They told us they had visited to look round the home before their relative moved in. They had also spent time speaking with the manager about what support their relative needed.

We saw people had their needs assessed prior to moving into the home. A care plan was then drawn up detailing how they were to be supported. Records also included assessments where potential hazards had been identified, such as, nutrition and hydration, pressure care and mobility. Other records included daily reports, incident reports and body maps, notes regarding any district nurse intervention and a falls monitoring sheet. The manager had introduced coloured monitoring sheets to alert staff where additional concerns had been identified about people. We saw that these were recorded on loose sheets of paper or notelets and may potentially be lost or mislaid. The provider may wish to consider formalising this system so that information about people is kept safe and complete.

Staff told us they would go through the care files on a monthly basis as part of the reviewing process. We saw some of the information detailed in the review notes about peoples changing needs had not been updated to the care plan, directing staff about how to meet the persons changing needs. Risk assessments also lacked any detail about the identified risk, what support was required to minimise such risk and how staff were to deliver this. Without accurate up to date information to guide staff in the safe delivery of care, people may potentially be at risk of receiving unsafe care and support. This meant there had been a breach of the relevant regulation (Regulation 20 (1)(a)) and action we have asked the provider to take can be found at the back of this report.

Staff said people's preferences, needs, wishes and cultural beliefs were taken into consideration by getting to know the person, speaking with family and friends and then drawing up a care plan of their likes, dislikes and preferences.

The staff team worked closely with the Home Liaison Team who provided support and advice about the particular needs of people with dementia care needs. We spoke with a member of the team following our inspection. They told us; "They have a good grasp of people's needs". They are keen to reduce the need for medication where this is possible" and "They bring any issues to the nursing team, always make appropriate referrals".

In relation to risks, staff told us that all concerns would be recorded and the manager informed. We were told some people's bedrooms had pressure mats which alerted staff if people had got out of bed or had fallen. We saw there was always a staff member in the lounge/dining room ensuring people were safe.

During the inspection we looked at the training and development opportunities offered to staff. Training was sourced from different providers. The home utilised DVD awareness training as well as external training providers and the local council training. The external training incorporated distance learning. Staff were required to complete a workbook which was then assessed by an external assessor. We saw certificates to show that most staff had completed workbooks in safeguarding adults. New books were being completed in the safe administration of medication.

On examination of staff files were saw evidence of on-going training and development completed by staff. Staff spoken with confirmed they received on-going training and felt supported in their role. One staff member said; "They [management] are on the ball with training" and "We're free to ask about any new training".

We were told an induction programme was completed by all new members of staff on commencement of their employment. The manager told us staff would then spend time, approximately one week, working alongside existing staff learning the role. Staff were not rostered to work until the manager was satisfied staff were competent to do so.

We asked the manager about the arrangements for staff supervision meetings and team meetings. We were told these were done every 2 to 3 months. This was confirmed by those staff we spoke with. We saw minutes to show that meetings had taken place involving carers, senior carers and night staff. Records of individual meetings held with staff were held on their personnel files. We were also told a staff handover was carried out at each shift change so that staff were aware of any issues or changes in need of people.

We looked at how people were supported in meeting their nutritional needs. We looked at the kitchen and food

Are services effective?

(for example, treatment is effective)

storage area and spoke with the cook about the arrangements for ordering of food. The kitchen was clean and tidy and well equipped. We were told regular deliveries of fresh, frozen, tinned and dry goods were made. Whilst looking around the kitchen we saw sufficient supplies of food were available. We saw the cook maintained records in relation to fridge and freezer temperatures, hot food as well as cleaning and maintenance records.We asked the cook to tell us how they were made aware of the individual dietary needs of people. We were shown a chart which identified those people who required a specific diet. Suitable arrangements were made for those people who required a special diet, for example a halal diet.

The chef had a four weekly menu in place. We saw the main meal was served in the evening with a lighter meal at lunchtime. Hot and cold meal options were available throughout the day. We were told if someone requested an alternative, then this would be provided. Menus looked varied and nutritious. We saw weekly menus were not displayed in the dining areas for people to refer to; however there was a wipe board in the dining room where the daily menu was displayed. People spoken with confirmed they were aware they had a choice of meal and that the menu was displayed on the wall. One person said they liked eating crisps and these had been provided. Another person said they had felt unwell one evening and the staff had brought some hot milk 'to settle them'

The majority of people were seen to have their meal in the dining room. We were told by one visitor, whose relative had very recently moved into the home, they were regularly invited to join their relative for lunch. We saw snacks and hot and cold drinks were served throughout the day. Staff were seen encouraging people to eat and drink ensuring they had adequate nutrition and hydration.

Records examined showed nutritional risk assessments were completed for each person. Where concerns had been identified increased monitoring was in place. Where it had been identified that people's needs had changed, additional support and advice was sought from the persons GP or dietician.

Are services caring?

Our findings

Due to people living at Franklin House having some level of confusion or dementia type illness we spent some time observing how people spent their time; how staff interacted with them and how they were offered the care and support they needed.

We saw those people who were quiet or asleep were left to relax unless they needed staff assistance to the dining area for their meal or they needed to use the bathroom. Other people, who were able to interact with staff or had additional support needs, had more attention and interaction from staff. We saw on a few occasions staff intervened where people were agitated by another person due to their behaviour. This was done in a sensitive manner. Staff respected people's privacy and dignity when offering personal care and support. We heard staff addressed people by their preferred name and were heard explaining to people and asking their permission before carrying out any intervention. Interactions between people and staff were kind and compassionate.

Three of the people spoken with and two visitors felt staff listened to their requests and responded to them. All three people were aware activities were provided however chose not join in. One person said they preferred to read. Whilst another said they liked dancing and music. We did see people were involved in making decisions in aspects of their daily life, for example, people were asked what they would like to eat or if they wished to join an activity.

People we spoke with told us; "You can depend on the staff", "its brilliant" and "It's brilliant, you couldn't find better". One person said staff assistance was 'immediate' when they asked for it. Visitors also gave us their views about the service and the care offered to their relatives. One person told us; "I'm very impressed with how content people are here". Another stated that their relative appeared well cared for.

Daily reports and monitoring sheets were completed so that any changes in need could be monitored. A staff handover also took place at each shift change so everyone was made aware of any change in care and support people needed.

We saw people had access to all NHS entitlements. These include; GP's, district nurses, dietician, and podiatry services. We also spoke with a nurse from the Home Liaison Team who supports staff caring for people with dementia. They spoke positively about the care and support staff offered to people. They told us; "The home provides a good standard of care, staff have a good grasp of people's needs" and "They [the staff] bring any issues to the nursing team if needed, they always make appropriate referrals". They also said they had no concerns regarding people's privacy and dignity.

Suitable arrangements were in place when people needed support to attend appointments or in the event of an emergency. We were told staff would always provide an escort when family members were not available. Relevant information about people's medication and specific health needs would be shared with people so that they received continuity in their care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People living at Franklin House had a variety of care and support needs. Some people at times were seen to be restless or a little agitated by others due to their behaviours. Staff were seen to intervene appropriately and sensitively. Those people less able to express themselves or join activities were seen sitting quietly or sleeping and had little interaction with staff. Opportunities to engage with these people were not always taken.

We were told the home had been working closely with Age UK in developing 'life books' for people. These would be used to help people keep in touch with their past, often using them to distract or reassure people when they become distressed.

A number of the people living at Franklin House were not able to have meaningful discussions with us about their care and support. Some people were able to express their needs and wishes and make basic decisions about their daily lives. From our observations staff were sensitive to people's needs and offered reassurance and encouragement where necessary. Staff spoken with knew what to do to meet the current and changing needs of people. Staff were seen to carry out their duties with confidence requiring little direction from senior management.

We saw information about the service was available for people in the reception area. The manager told us as part of the assessment process people would be informed about what they could expect should they move into the home.

We were told that were people potentially lacked the capacity to make important decisions for themselves about their care and support, staff would consult with relatives, where appropriate and outside agencies such as social workers and advocates. This meant relevant viewpoints were taken into consideration when making decisions about what was in the person's best interest.

The manager told us she closely monitored the risk assessments, particularly those in relation to pressure care and nutrition. This prompted the manager to contact relevant health care professionals for additional advice so that people received the support they needed.

We spent some time speaking with the activity worker. They told us the programme of activities was 'work in progress' and able to be adapted depending on what people said they would like to do. We were told some days it was difficult to engage with people so time would be spent reading to people or having 1-2-1 chats. During the inspection we saw people watching the television or reading, whilst a small group took part in a bingo game. A couple of people were seen having their nails painted and the visiting hairdresser was very popular with people. We saw that those people less able to engage or take part were sat quiet or sleeping unless they needed assistance to the dining area for their meal or they needed to use the bathroom.

We also saw the home employed both male and female carers. We were told by one person they would prefer not to have a male carer however staff had not discussed this with them. Staff need to consult, listen and act upon people's individual wishes so they are cared for in a way they would choose.

We spoke with the manager about any complaints or concerns raised about the service. We were told no issues had been raised since early 2013. We saw there was a system in place for recording any issues brought to the manager's attention. These detailed the complaint, any correspondence with the complainant and the outcome of any investigation.

The home had a detailed complaints procedure in place. A copy was also available in the service user guide. Information advised people how they could make a complaints and how this would be dealt with. Contact details for external agencies were also detailed so people knew who they could speak with if they were unsatisfied with the homes response or felt unable to raise it with the manager. One staff member we spoke with told us they would try and resolve any issues themselves before going to the manager. We asked people living at the home and their visitors if they knew what to do if they had any concern. One person said they "had no cause to complain" but knew to go to the manager if they had. Another person said they would talk with staff. A visitor told us they had not received a copy of the complaints procedure but had read a list of 'do's' and 'don'ts' which had been given to her.

Are services well-led?

Our findings

The manager, who was registered with the Care Quality Commission (CQC), was supported on a day to day basis by a deputy manager. We found that the manager and deputy manager had a good understanding of their role and responsibilities. The manager told us that she kept up to date with current changes in legislation or good practice guidance by reading relevant news articles as well as networking with relevant agencies, seeking advice and support where necessary.

People living at the home, their visitors and staff spoke positively about the management of the service. We were told the manager was very 'hands on' and aware of the needs of people and was proactive in dealing with any concerns brought to her attention.

All the people spoken with felt able to raise any issues or concerns directly with the manager. Staff also said they could and would speak with the manager if they were unhappy about aspects of their work. Some of the comments we received included about the management and conduct of the service were; "The home runs smoothly", "100% confidence in the manager" and "The manager is very understanding".

The healthcare professional we spoke with said; "The manager is very hands on, this reflects on the staff. She won't ask them to do anything she wouldn't do herself". When asked if they felt confident the manager would deal with any issues brought to her attention, they responded "Absolutely".

Prior to our inspection we asked the local authority who commission placements at the home for their views about the service provided at Franklin House. We did not receive a response advising us of any issues or concerns.

Systems were in place for the monitoring and reviewing of the service. Audits were completed on a monthly basis by the manager. These included areas such as; medication, meals, care records, environment and infection control.

Reports were completed and identified where action was required and what was being done to rectify the issue. These were checked again each month to ensure improvements had been sustained. The manager gave us an example whereby she regularly analysed audits in relation to people's weights, pressure care and falls. Where issues or concerns were identified, referral was made to specialist services so that additional support measures could be put in place. However some checks were not as robust as they should have been in relation to people's care records. This meant there had been a breach of the relevant regulation (Regulation 10(1)(b)) and action we have asked the provider to take can be found at the back of this report.

System was also in place for the recording and responding to any complaints or concerns. No concerns had been raised since early 2013. Where it was identified improvement were needed, action would be taken.

Monthly meeting were held with staff and people living at the home. Meetings provided people with an opportunity to speak about the service provided and where improvements could be made. The manager told us annual surveys were also distributed providing further opportunities for people to comment about their experiences.

The manager also met regularly with the owners to discuss any business issues. The manager said she was supported in her role by the owners of the home and regularly met with them to discuss the needs of the service such as purchasing new equipment. An example of this was that additional hoisting equipment had been purchased as it had been identified this was needed to meet the needs of people.

We were told staff turnover was very low with some staff having worked at the home for some considerable time. Where vacancies had arisen, recruitment had taken place. Two staff we spoke with said staffing levels at night, in their opinion, were not sufficient.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20(1)(a) HSCA 2008 (Regulated Activities) Regulations 2010. Records How the regulation was not being met: The registered person had not taken proper steps to ensure that people were not protected against the risks of receiving unsafe care and support by means of maintaining accurate records of people, which could be located promptly at all times. Regulation 20(1)(a)(2)(a)

Regulated activity	Regulation
	Regulation 23(1)(a) HSCA 2008 (Regulated Activities) Regulations 2010 Supporting Worker. How the regulation was not being met: The registered person had not taken proper steps to ensure that people were protected against the risks of unsafe or inappropriate care as staff did not fully understand their responsibilities in safeguarding people's rights. Regulation 23(1)(a)

Regulated activity	Regulation
	Regulation 10(1)(b) HSCA 2008 (Regulated Activities) Regulations 2010. Assessing and monitoring the quality of service. How the regulation was not being met: The registered person had not taken proper steps to ensure effective monitoring systems were in place so that people were protected against the risks of unsafe or inappropriate care. Regulation 10 (1)(b)