Care Quality Commission

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Ascot Villa Care Home For Autism & LD

Inspection report

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Date of inspection visit: 11 March 2015
Date of publication: 20/07/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Overall summary

This inspection took place on 11 March 2015 and was unannounced. We last inspected this service in May 2014 and at that time the registered provider was failing to meet four of the regulations of the Health and Social Care Act 2008, and the needs of people using the service in the following areas. People could not be certain they would receive care that that had been planned and delivered to meet their individual needs, People using the service were not adequately protected against the risk associated with unsafe premises, people were not protected as new staff were not subject to robust recruitment procedures and the systems in place to monitor the safety and quality of the service were inadequate. Following that inspection we met with the registered provider, and they submitted an action plan detailing how they would develop and improve the service to meet these shortfalls. We returned to the service in March 2015 and found that the registered provider had improved the safety and presentation of the premises. Some improvements had been made in relation to the other three breaches of regulation but these had not been fully met. The inspection identified further new risks to people's welfare.

Summary of findings

Ascot Villa is registered to provide care and accommodation for up to six people who have a learning disability, who are living with autism, and who may experience mental ill health. At the time of our inspection there were three people residing at the home. The accommodation is comprised of three flats, spread over three floors of an adapted residential property. Each of the flats had two bedrooms, a bathroom, communal living space and facilities for people to cook. People living at the home have full mobility as there are no adapted facilities or lifts to help people transfer between floors. The staff and manager worked across the two homes operated by the provider which were located near to each other.

The home should have a 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. Ascot Villa had a manager in post, but they had not applied for registration with the Commission. The home had been without a registered manager for six months and this put them in breach of their conditions of registration.

People living at Ascot Lodge were not safe. We found that the registered provider was not using the information they had gathered about people to help plan their care, assess risks or protect people from avoidable harm. There were inadequate numbers of staff on duty to provide people with the support they required and to help people stay safe.

Medicines were being well managed and we found people were receiving their prescribed medicines at the correct time, in the correct dose.

The registered provider was not complying with the requirements of the Mental Capacity Act 2005. Staff we met told us that they did not have the in depth knowledge required to enable them to work confidently or competently within the act, ensuring that peoples legal rights were protected. Staff had changed some of their practices in an attempt to comply. While this was well meaning this had resulted in people being at risk of not being safe.

People had been supported to attend healthcare appointments and some people had experienced significant improvements to their health.

People were being supported to eat and drink a varied diet that was to their liking and reflective of people's culture.

People told us they valued the relationships they had built up with staff over time. We observed and heard caring and compassionate interactions between people and staff throughout the time of our inspection.

People gave us mixed feedback about their experiences of making a complaint or raising a concern. Some people had found this positive, other people told us they remained frustrated as things had not changed.

The leadership of the service was not good enough to ensure people always got a safe and good quality service that met their needs.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

Risks to people's safety were not always identified or responded to which meant that people were not protected from avoidable harm.

Staff did not all have the knowledge or skills to make judgements about the suitability or safety of risks people were wishing to take.

There were insufficient staff on duty to meet people's needs.

Medicines were well managed, and we saw evidence that people had the medicines they required when they needed them.

Is the service effective?

Requires Improvement

The service was not effective.

Staff had not been supported to obtain the knowledge and skills required to support the specific needs experienced by people living at Ascot Villa.

The registered provider was not complying with the requirements of the Mental Capacity Act 2005, and people had not received the support they required to stay safe.

People had been supported to attend healthcare appointments and some people had made significant improvements to their health.

Is the service caring?

Requires Improvement

The service was not always caring.

People told us they liked the staff who supported them. We observed and heard kind and friendly interactions during our inspection.

The provider had failed to ensure the operation of the home would always meet people's care and support needs.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People received personalised care, as the service was small and staff had got to know people's needs and wishes.

The opportunity to undertake interesting activities both in and outside the home were limited.

People's experiences when raising concerns were variable. Some people had found this positive and some people reported feeling frustrated that things did not change.

Summary of findings

Is the service well-led?

Inadequate 

The service was not well led.

The registered provider had not provided the resources, skills or knowledge required to meet the specific needs of the people living at Ascot Villa.

The registered provider was not providing good quality care.

Assurance and quality checking systems were ineffective.

Ascot Villa Care Home For Autism & LD

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 11 March 2015 and was unannounced.

The inspection was undertaken by two inspectors. Before our inspection we looked at the information we held about the service. This was very limited as the registered provider had failed to send us notifications about accidents/ incidents and safeguarding alerts which they are required to send us by law.

During the inspection we met and spoke with everyone who was living at the home. People's care needs meant that the information they were able to share with about their experience of the home was limited. We spoke with all of the three staff who were on duty, the home manager, the registered provider and a person working on behalf of the registered provider. After the inspection we spoke with two relatives and with two health and social care professionals who support people living at Ascot Villa.

We looked at records about people's needs and the care and support they had been offered and received, we looked at the recruitment records of three members of staff, we looked at the systems in place to manage and administer peoples medicines and the systems in place to ensure the service was safe and providing a good quality service.

Requires Improvement

Is the service safe?

Our findings

We last inspected this service in May 2014. At that inspection we found that the registered provider was not meeting all the safety needs of the people living at Ascot Villa. We also found that the recruitment checks undertaken before people started work were inadequate. The registered provider had failed to maintain the building and people, staff and visitors were at risk from unsafe and unsuitable premises. Following our inspection we met with the registered provider and they submitted an action plan detailing the work that would be undertaken. In March 2015 we found the premises had improved and were now a safe place for people to live, work and visit. The provider had improved the recruitment procedures but there was no evidence that full recruitment checks had been undertaken for all of the staff employed at the home. Our visit also identified significant new risks to people's safety.

The registered provider was not adequately protecting people from avoidable harm. We asked two members of staff and the manager about people's needs and looked at the risks people had been assessed to have relating to their needs. Two people whose care we looked at in detail sometimes displayed distressed and difficult behaviour. We asked to see the plans in place that the registered provider had developed in response to these needs and talked to the staff about the actions they were taking. One person whose needs we looked at in detail had written care documents that stated they would be at risk if they accessed the community without the support of staff. We were informed about and observed this person accessing the community without staff support and asked for evidence as to how this had been assessed and how this new decision had been reached. The registered provider and manager were unable to provide any evidence that the person's needs had changed or that the risks associated with this activity had decreased. The person had not been supported to learn any new skills relevant to the activity, such as road safety skills or stranger danger awareness. Although the registered provider's motivation for this decision was to promote the person's freedom, the risk to the person's safety was significant and this had not been identified or planned for in anyway by the registered provider. The registered provider could not provide assurance that this person would be safe. Action had not been taken to address the known risks.

We asked people if they felt safe living at Ascot Villa. People's comments included, "I feel safe a little bit, but when [name of another person] gets upset I don't like it. I lived in the other house, but I wanted to move here so I did." Staff we met told us that people living at Ascot Villa were safe. Their comments included, "I think people are really safe here," and "The residents are really safe here and the managers sort things out quickly." Staff we met were able to describe different types of abuse and tell us the action they would take in the event of abuse being reported or suspected. Training records we looked at showed that staff had been provided with recent training in this area. However the training provided had not enabled staff to associate the events we observed or were informed about as risks to people's safety or as possible neglect, acts of omission or institutional abuse.

We were informed by the manager that risks people were taking or exposed to had been assessed and we were shown individual documents for each person. As we spent time with people and talking to staff we identified that in the case of all three people people's needs had changed, and neither the risk assessment nor staff practice had been developed or reviewed to reflect this. One example of this was that the registered provider had recently authorised for key pads that restricted people's movement from the building to be removed. The motivation for this was to increase people's liberty, but the new risks this situation may present to people had not been considered or assessed. As a result one person had left the building without staff support and was missing for a lengthy period of time. Following the incident the manager had met with other health professionals involved in this person's care and action had been planned and undertaken to reduce the likelihood of the event re-occurring. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There were inadequate numbers of staff on duty to keep people safe and to meet their needs. We spoke with staff who told us they felt more staff was required. They went on to tell us that they did not always have time to help and support people, and when one person was unwell or distressed there was often no one to support the other people or the member of staff working alone, this was reflected in the staff rota. The registered provider had no evidence of people's assessed staffing needs or how the

Requires Improvement

Is the service safe?

number of staff on duty reflected the needs people had. Staff and members of the management team inconsistently described the levels of support and supervision that people had. We were informed that staffing levels did increase to accommodate periods of people being unwell or unsettled, but the rota we were shown did not support this. Some people had assessment documents written by the local authority that was purchasing their care which included information about staffing. The rotas and the number of staff on duty at the time of inspection were not consistent with these.

We found there were significant periods of time when staff could be working alone. We looked at the arrangements in place to support lone staff in the event of an emergency arising. Staff informed us that "walkie talkies" had been purchased but that these were currently broken. Further questioning identified these would be of no use to staff working in the building alone, as there would be no-one within range to call for help. We found that there had been occasions when staff members working alone in the building had been blocked in one person's flat. The member of staff had no means of calling for help, and during this time other people living at the home had been without access to staff support. When we brought this to the registered provider's attention they agreed to increase the numbers of staff on duty during the day and at night. This was in breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We looked at the recruitment records of three members of staff. We did not find that full or robust checks had been undertaken for all staff prior to them being offered a position within the home. We found documents including references were missing. The manager informed us these people had been employed before they worked at the home. The provider had failed to ensure robust systems were in place to collect and check employment checks prior to offering people work. This did not ensure that people were protected from the risks associated with staff that were unsuitable to work in adult social care. This was in breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People needed staff to manage and administer their medicines safely. We observed staff giving people their medicines in a way and at a pace that was suitable to them. People chose not to talk with us about their medicine management. We spoke with staff at the pharmacy who supplies medicines to the home. They told us there were no concerns with medicines management at the home, and the findings of their recent audit had been positive. Staff we spoke with told us they had been provided with the training and support they needed to administer medicines safely. One member of staff told us, "I had medicines training with the local chemist-it was good. All staff are trained to administer medication. If there is a problem it is dealt with really quickly." Our observations, records and audits within the home all provided evidence that medicines were being well managed.

We observed that the maintenance of the home had improved since our last inspection. We found that all equipment and appliances including the gas, electric and hot water were in good working order. The manager was able to demonstrate that shortfalls within the environment were picked up either by staff or in a specific environmental audit. We saw records showing that the maintenance team responded promptly to these requests for repairs.

Requires Improvement

Is the service effective?

Our findings

We last inspected this service in May 2014. At that time we found the registered provider was not meeting all the care and welfare needs of the people living at Ascot Villa or the requirements of the Health and Social Care Act 2008. People's care and welfare needs were not always being met in the way they required. Following our inspection we met with the registered provider and they submitted an action plan detailing the work that would be undertaken. In March 2015 we found there had been one very positive health outcome for one individual, but that the breach we had previously identified had not been met. We also identified numerous new concerns regarding people's care, treatment and support.

Staff told us they had received an induction, and had the chance to get to know people before providing their care. Staff told us they had been provided with training, and some staff had brought skills and experiences they had gained in previous employment. Staff we spoke with told us they had received training, their comments included, "When I started I shadowed for two days… I did lots of training on DVD. The induction was very good." Staff told us they felt supported by their manager, and were able to access informal support at any time. More formal supervisions had been held monthly and staff meetings were also held regularly. Staff told us, "I have supervisions every month and monthly staff meetings. If we miss a staff meeting we get a one-to-one [individual meeting with the manager]." Staff we spoke with had a strong value base, but did not demonstrate a detailed knowledge of the needs of people with a learning disability, people living with autism, or the needs of people with mental ill health. Training records we looked at supported this. We found only two of the ten staff had received training in supporting people when they were distressed and only five of the ten staff had training about autism. We found that staff were well supported but that the team lacked the specialist knowledge required to meet the needs of the people living at Ascot Villa. This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty.

The registered provider, manager and staff we spoke with were unable to clearly describe their responsibilities or the requirements under the Mental Capacity Act (MCA)2005. Everyone we spoke with had learnt some of the key words associated with the MCA but were unclear about how, when or why the MCA should be used. Staff we spoke with told us, "I don't really know about mental capacity" and "I have had some training but not about capacity assessments." None of the people we met had been subject to an assessment under the MCA although some people's needs suggested this would have been appropriate. No applications to deprive people of their liberty had been submitted to the supervisory body. We found people's liberty had been deprived in numerous ways. No written records to support this were available, this had not been planned in the person's care plan and no work had been undertaken to consider this under the MCA. We found that staff had made a range of decisions for people, believing them to be in their best interest, but these decisions and actions had not been taken within a risk management framework, or in line with the MCA guidance. Instead of providing people with greater freedom we found examples of this placing people at risk of harm. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People we met had all been supported with their personal care, and we observed that people had been supported to dress in a style that reflected their gender, preferences and the weather.

People told us they had been supported to see the Doctor when they were unwell, and were able to tell us about some of the community health staff they had got to know over many years that supported them to stay healthy. Staff we spoke with were able to describe the actions they took each day to help people stay healthy. Staff described ways they had reminded or had prompted people, which was consistent with promoting people's independence.

Requires Improvement

Is the service effective?

People and staff told us, and we saw records that showed people were supported to attend appointments at local hospitals. The manager explained the work being undertaken to help one person consider a medical procedure that was being proposed for them. It was positive that a speech and language therapist had also provided support to ensure the information was presented in the best possible format for the person to understand. There was evidence that people had seen a range of health care professionals over time, but the records and discussions with people and staff did not provide evidence these had all been with the frequency recommended to stay healthy.

We found that people were being supported to have enough to eat and drink. People told us, "It's nice here, you get a good meal" and "I like the food. I get enough and we go shopping together." One relative raised a concern about the amount of "fatty foods" served and said that the registered provider failed to provide meals that were reflective of people's lifestyle, and this in turn could result in people gaining weight. We observed meals being provided regularly across the day, and we observed people helping themselves to or being offered snacks and drinks. People had opportunity to make decisions about what they would like to eat and drink in discussions at the home and when they were out shopping at local supermarkets. We heard people being offered choices or helping themselves to the food and drinks selection available in the home. The foods available included a range of fresh fruit and vegetables, and we also observed there were snacks and crisps. We were informed that people had no specific needs regards their food and drinks and were happy with the selection of foods and meals available which represented a wide variety of cultures and tastes.

Requires Improvement

Is the service caring?

Our findings

People valued the relationships they had developed with the staff that were supporting them. One person we spoke with told us, "The staff are nice here, never rude. I love it here." We observed one person voluntarily go up and show affection to a member staff. Staff responded appropriately back with kindness and affection. One member of staff we spoke with told us, "All the staff are kind I've never seen anything bad." One relative we spoke with after the inspection told us they were concerned the person they supported at Ascot Villa had been "deserted, and left alone." They reported the person was often left alone for long periods with no one to chat to. The individual staff interactions we witnessed were all kind and compassionate, however we did not find that the registered provider had operated or resourced the service in such a way that people could be assured their care and support needs would always be met.

Staff we spoke with were able to tell us a lot about each person, including their likes, preferences regards their culture and faith and important people in their life. The manager described how she had spent time with each person's family when she started work at the home to ensure she got to know about the person in as much detail as possible. We observed staff adapting the way they worked to meet the needs and preferences of each person. Individual staff worked in ways that empowered people

Some people living at Ascot Villa had needs that could result in them becoming distressed. Staff we spoke with were able to describe a range of methods they would use to comfort the person and help them calm down. We saw that staff had responded quickly to people's needs during our inspection, but we identified times when the number of staff on duty had not been adequate to enable prompt response to peoples needs.

A speech and language therapist had worked with one person for over six months. During this time they had developed a communication aid that we observed staff using with the person. The communication aid had photographs and clear words. Staff told us that the aid helped the person communicate; this enabled them to express their views and be more involved in their care. We were informed that no one used an advocate and that some people's family were involved and consulted in people's care when this was necessary. Throughout the inspection we observed staff explaining and reassuring people about the plans for the day.

Some people invited us into their flat. We saw that staff knocked the door and waited for people to tell them to come inside. One member of staff we spoke with told us, "If we give care, the privacy is there. The doors are always shut and we always knock." Staff went on to explain work they had undertaken with one person to help them become continent during the day. The staff told us, "We've managed to help one person to become continent in the daytime, we just kept prompting them to go to the loo every hour and now they just need pads at night." This was a way the provider had supported someone to develop their independence and experience greater privacy and dignity with regards to their personal care needs.

Requires Improvement

Is the service responsive?

Our findings

There were no formal systems for ensuring that people received personalised care, but the small size of the service enabled staff to get to know people well, and to spend time getting to know what people liked and how they liked to be supported. We observed the care and support that each person was offered was individual.

We saw some good examples of people being encouraged to have choice and control over their life. One person told us," I'm okay I do things myself, I go out for a walk and I do my own washing and ironing – I clean my bedroom myself and strip my bed." Another person told us, "I go shopping because I write a list and we get the shopping and come back in a taxi." We also were informed and observed people not getting choices. One person told us, "They just give the food they've cooked to us. We don't get a different choice." Throughout the inspection we did observe people being offered choices, that included what to eat and drink, where to go and what to do. Staff we spoke with demonstrated knowledge that they were aware of the importance of offering people choices and also gave examples of how they did this.

We looked at the opportunities people had to undertake activities that were of interest to them, including the opportunities people had to maintain their faith. People chose not to speak with us about this but one member of staff told us, "[name of person] doesn't really want to be religious; I asked if they wanted to go to their usual place of worship and they said "no"." One person we spoke with told us they liked the range of opportunities and activities available to them. Other people told us they sometimes were bored. We observed people being supported to go out and buy a take-out meal.

Comments from people included, "Sometimes I go to the shops to do my bits of shopping for my shampoo. Mostly I'm bored, but this morning I went and got my lottery ticket," and "Sometimes we could go to the park in the nice weather and we go out for a meal'. A member of staff told us, "There's a holiday for four days in Devon in the autumn." People we spoke with were looking forward to this. A relative we spoke with told us, "[name of person] is not that keen on going out. The staff are not good at encouraging them or providing interesting things to do at home." We did not find that people consistently had access to do things they found interesting.

We found that people were supported to stay in touch with their family and people important to them. Relatives we spoke with told us that they were made to feel welcome, that people living in the home were supported to make visits to their family home if this was required and that the manager kept them informed of any changes in the person's well being.

People were supported to raise any concerns they had and one person told us, "If anything is bothering me I talk to staff or I can go and see the manager." The person went on to describe a recent concern they had shared and their satisfaction at the action the manager had taken in response to this. Staff we spoke with told us they would feel confident to raise a complaint and said, "I'd go to my manager and fill out a complaints form, I know where it is." One relative we spoke with raised frustration at the lack of change following raising numerous concerns with the manager and the registered provider. They told us, "They say, "We'll try" but actually nothing ever changes." We did not find that everyone benefitted from a complaints process that responded to their concerns and took the appropriate action.

Inadequate

Is the service well-led?

Our findings

We last inspected this service in May 2014. At that time we found the registered provider did not have effective systems to regularly assess and monitor the quality of the service people were receiving at Ascot Villa or to meet the requirements of the Health and Social Care Act 2008. Following our inspection we met with the registered provider and they submitted an action plan detailing the work that would be undertaken. In March 2015 we found that although the provider had undertaken some work it had not been adequate to assure this service was providing consistent, high quality care and support. The breach we had previously identified had not been met.

We met with the provider, manager and the provider's representative during our inspection. We asked them how they audited the service and assured themselves that the service was operating in the way they wished and expected. The provider informed us that the last recorded audit he had undertaken had been more than one year prior to the inspection. We shared the feedback and findings of the inspection with them, and found that while they accepted the findings they had not previously been aware or understood the challenges and concerns we identified prior to them being brought to their attention.

We found numerous examples of ineffective audit and checking processes. We looked at people's healthcare, weight monitoring, the food and drinks people had been offered and how they had reviewed incidents when people had experienced unsettled behaviour for example. The systems in place to assess and monitor the quality of the service were ineffective and had not identified the risks that had occurred, or been useful in planning action to reduce the likelihood of a similar incident happening again. There had been no analysis undertaken of incidents and occurrences to understand why they had happened. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Locations that are registered with the Care Quality Commission are required to have a registered manager in post. This service had been without a registered manager since September 2014 which is a breach of the condition of registration. The provider had recruited a manager who had been in charge of the home for six months. This is a breach of the Health and Social Care Act 2008. Registration regulations 2009. Regulation 5.Services are required to notify the commission about certain events. The manager had not been made aware of this requirement by the registered provider and had not notified us of events until very recently.

Our own observations, staff we spoke with and a representative of the registered provider told us that the current manager was very focussed on the needs of the people living at the home and did her best to develop and promote a healthy culture and atmosphere within the service. We saw that there had been isolated developments that had improved people's quality of life. However during our inspection we identified issues that identified the home was not providing care or operating in a way that had met the needs of the people or complied with the requirements of the Health and Social Care Act. We found that the manager had not been supported by the registered provider to obtain the detailed knowledge required to effectively and safely support the people living at Ascot Villa. Records of inspections undertaken by the Commission confirm that the registered provider had not achieved or sustained compliance with all of the regulations.

The provider offered care and support to people living with autism and a learning disability. The registered provider had failed to establish and develop links with relevant professional bodies that would ensure the service being offered was following current best practice guidelines.

Staff we spoke with told us they were happy with the management of the home. They told us the manager often worked alongside them and had an "open door policy." One member of staff told us, "The managers are brilliant they are so understanding and supportive – they're great."

We found evidence that the provider had tried to improve the culture of the service. Staff we met had a very positive regard for the people they were working with. One member of staff told us, "Most of their staff give their life here. I treat them like I treat my relatives. Now it's good enough for one of my relatives to live here. It wasn't before" and "I love it I really do, we do everything with them – I get that satisfaction."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The systems in place to assess and monitor the quality of the service were ineffective and had not protected people who were using the service.

Regulated activity	Regulation
	Regulation 18 HSCA (RA) Regulations 2014 Staffing Suitably qualified and experienced staff had not been provided in adequate numbers to meet people's care and support needs. People had not been protected by robust recruitment checks being made on staff before they were offered a position within the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People could not be confident that all possible arrangements to provide people with safe care and treatment had been made.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent People who may require help to consent to care and treatment had not been given the support they required to stay safe and maintain their independence.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 5 (Registration) Regulations 2009 Registered manager condition The registered provider had failed to appoint and register a person to manage the service.