Karlex Care Limited

Claremont House

Inspection report

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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**

Overall summary

Claremont House provides accommodation and support for up to 18 older people who require assistance with daily living, some of whom are living with dementia or have mental health problems. There were 15 people living at the home on the day of the inspection. The home is a converted older building, bedrooms are on three floors and there is a shaft lift to enable people to access all parts of the home. The home is owned by the registered manager.

The registered manager was present during the inspection. 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.

This inspection took place on the 4 and 19 June and was unannounced.

Summary of findings

We found there were not always enough staff to meet people's needs. A system to determine appropriate staffing levels was not in place. This meant people may have had to wait for staff to assist them.

Not all staff had attended fundamental training, such as supporting people with dementia and safeguarding people. Some staff were not aware of the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards, which are in place to protect people.

Care and support was not personalised to meet people's individual needs. Activities were not based on people's choices. Records had not been completed accurately or updated when required, including care plans, handover sheets and complaints. The quality assurance system did not monitor the support provided at the home.

Staff encouraged people to make choices and be involved in decisions about the support and care provided. The home had a calm atmosphere, people said they were very comfortable living there, they liked their rooms and they enjoyed the food provided.

The recruitment process was robust and ensured only people suitable worked at the home. Staff managed and administered medicines safely. People had access to healthcare professionals as required.

The registered manager responded to issues identified one the first day of the inspection and there was evidence that people had been consulted about the care plans.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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 consistently safe.

There were not enough staff to assist people to choose how they spent their time.

Safeguarding procedures did not ensure that people's needs had been appropriately assessed to enable people to take risks.

Staff encouraged people to be independent and make decisions about the care provided.

A system for the safe management of medicines was in place.

The recruitment procedures were robust and ensured only suitable people worked at the home.

Is the service effective?

Requires improvement 

The service was not consistently effective.

Staff had not received fundamental training or updates, including supporting people living with dementia and people with mental health problems.

Staff did not have a clear understanding of Mental Capacity 2005 and Deprivation of Liberty Safeguards.

People were offered choices about the food they ate, and meals were sociable and relaxed.

People had access to healthcare professionals. This included the community mental health team, GPs, district nurses and chiropodists.

Is the service caring?

Good 

The service was consistently caring.

People were treated with kindness, they were respected and their dignity was protected when staff provided personal support.

The atmosphere in the home was calm, and people were comfortable and liked their rooms.

Relatives and friends were able to visit at any time, and were made to feel very welcome.

Is the service responsive?

Requires improvement 

The service was not consistently responsive.

Activities were not reflective of the hobbies and interests of people living in the home.

Summary of findings

People's needs were not always assessed, reviewed and updated as they changed.

The daily records and handover sheets did not reflect how people spend their days, or the support provided.

There was a complaints policy, but records had not been kept of the investigations and outcome of all complaints.

Is the service well-led?

Requires improvement

The service was not consistently well led.

There were systems to monitor the service, but they were not regular or effective.

The values of the home were clearly understood by the staff and they followed them when providing care and support.

Quality satisfaction questionnaires had been sent out to obtain feedback from relatives.

There was an open culture and staff felt supported by the registered manager.

Claremont House

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 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 the 4 and 19 June 2015 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed records held by CQC which included notifications, complaints and safeguarding concerns. A notification is information about important events, which the provider is required to send us by law.

During the inspection we spoke with all of the people living at Claremont House, and one person's relative. We spoke with eight members of staff, which included the cook, deputy manager and registered manager.

We reviewed a variety of documents. These included five care plans, daily records and handover sheets, two staff files, training information, medicine records, and some policies and procedures in relation to the running of the home.

On this occasion we did not ask 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. This was because we were responding quickly to information and concerns that had been raised with us.

Requires improvement

Is the service safe?

Our findings

People told us the staff and registered manager looked after them very well and they felt safe at the home. One person said, "I feel quite safe here and no one can get in without them knowing." Another person told us, "The staff help me to get up and come downstairs, which is very nice and they make sure I am safe." A relative felt people were very well looked after and staff made sure they were safe and comfortable. People said there were enough staff to look after them. They said there was always someone around if they needed them.

However, although people felt there were enough staff to provide the care they wanted, we found there were not enough staff working in the home. People said, "It's a lovely day, but we don't go out." "I go out with my relatives when they visit me" and, "I haven't been out since I moved in about six months ago, it would be nice to go out occasionally." People who were supported by relatives and friends were taken out, but those who did not have this social network were reliant on staff to take them out of the home and support them. The deputy manager said when staffing levels allowed they took people out to the shops and the park. There was no evidence in the handover reports of staff supporting people to outside the home. Staff told us there were not enough of them to do this. We observed staff had very little time to sit and talk with people or engage them in activities.

Staff said, "We have even less time to spend with people at weekends, as there are only two of us." During the week there were two care staff, two housekeeping staff and the deputy manager and/or registered manager. At weekends there were only two care staff. They supported people with personal care and moving around the home; they made sure the home was clean; did the laundry, cleared and washed up after meals, and heated up or made the supper. Staff told us they did not really have any time to spend with people unless they were carrying out the tasks that had to be done. This meant people may not have received, or had to wait for, the support and care they needed and wanted.

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

Some of the staff said they had completed safeguarding training. The registered manager and deputy manager said they were aware of local multi-agency safeguarding procedures, and when referrals should be made to the local authority. However, two of the staff we spoke with had not completed safeguarding training; they were not clear about different types of abuse and what action they should take if they had any concerns or who to contact if the management were not available. In addition, we found that the culture within the home did not encourage support and care based on a clear understanding of people's needs, their preferences and choices. This meant people were protected from taking risks that may cause harm, because they had not been appropriately assessed. One example of this was an alarm had been placed on the front door, which went off when the door was opened from the inside. The manager said this was put in place because one person was at risk if they left the home. However, there was no evidence that a best interest meeting had been held, which would have involved health and social care professionals, relatives and staff. A risk assessment had not been completed to review the person's needs and how they would be assisted to go out of the home safely, when they wanted to, with support from staff.

The lack of appropriate safeguarding training and risk assessments to support people to take risks was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff encouraged people to be independent. One staff member said, "Most people are independent and look after themselves. We ask them if they need anything, but they usually say they don't." Staff demonstrated an understanding of people's needs, and they were aware of risks to people's safety with regard to moving around the home. Staff supported people who used wheelchairs to access the dining room and conservatory in a safe way. Staff explained how they supported people with mental health needs and what action they would take if they had any concerns, such as contact their GP. However, we found risk assessments in care plans were not specific to each person's needs, such as risk assessments for mobility and risk of falls for people using walking aids. In addition staff told us they did not refer to the care plans to gain knowledge about people living in the home, or to update themselves about changes in people's behaviour, mood or their care and support needs. Staff felt care plans were management's responsibility and they relied on the

Requires improvement

Is the service safe?

handover at the beginning of each shift to tell them how to meet people's needs. This meant staff may not have enough information about people's needs to plan and provide care and support effectively.

Systems were in place to record accidents and incidents. Accidents had been recorded, with details of where and what had occurred. Each was signed and dated. However, there was no record of any action taken to assess why the accident occurred and what action would be taken to prevent a re-occurrence. The registered manager said they discussed each incident to prevent a re-occurrence; they did not record this, but would do so in the future. Staff had an understanding of how people's mobility can be affected by their physical health. One staff member said, "We know when a person's mood changes or they are a bit wobbly on their feet. This can be because of a urine infection or something like that, and we contact the GP so we can prevent them feeling worse and having falls." Staff monitored people's physical health needs to ensure they were safe.

Medicines were managed safely. Staff said they had completed online medicine training and had been observed and assessed by the registered manager, at least four times, before they were assessed as competent and felt confident to give medicines to people. They said they found the training very useful, particularly the observation and support provided by the management. The manager had completed a 'train the trainers' course, which meant they were qualified to train care staff in the ordering, storage and administration of medicines. The district nurse provided the training for the administration of insulin, and staff said they completed this before they gave people this medicine. The medicine administration record (MAR) charts had been completed appropriately. At the front of each MAR chart there was a picture of each person, with a list of their prescribed medicines, what they were for and any allergies. Staff said these were really good as they could check they were giving people prescribed medicines to the right person. Staff were quite clear about how they gave people their medicines and felt they did this safely. They explained clearly how they looked at the MAR charts, checked the medicines in the trolley or cupboard, and after they had administered the medicines signed the charts. We observed staff administering medicines and they followed the processes they described.

Recruitment procedures ensured that only people suitable worked at the home. We looked at personnel files for three new staff; they contained the appropriate information including completed application forms, two references, Disclosure and Barring System (Police) check, interview records and evidence of their residence in the UK.

The provider had a plan to deal with emergencies. There was guidance for staff to follow displayed near the fire alarm at the front of the building, which identified how people could leave the building safely. The manager explained some staff lived close to the home and their contact details were available for staff working nights to ring them if required. Staff told us the emergency procedure had been explained to them when they started working at the home and they felt people would be able to leave the home safely if required.

Requires improvement

Is the service effective?

Our findings

People felt the staff had the skills to look after them. One person said, "They know exactly what we want, which makes things so easy for us." People said the food was very good. They told us, "We always have a choice and we can change our mind if we want to." "I like to remain in my room and watch the news at lunch time and the staff bring my lunch to me, which is very nice" and, "We usually get into the dining room early so we can have our own chair, it gets us up and going, which is good for us." A relative told us, "The food here is very good and staff make sure they have what people need, like soft diets."

Fundamental training such as moving and handling, safeguarding, infection control and health and safety had not been updated and some staff had not completed relevant training. There was no evidence that management discussed training with staff or that staff training had been based on meeting the needs of people living in the home. This meant that staff may not have understood people's individual needs and the care and support provided may not be appropriate. We looked at training that had been completed, and found it did not reflect the training needs of staff. For example, staff told us six people were living with dementia, but only one staff member had attended appropriate training. Five people had a mental health diagnosis; there had been no recent training in mental health awareness and there had been no recent training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). Staff said they did not know about MCA or DoLS, or that preventing people from leaving the home or making decisions for people about their care was a deprivation of their liberty. Staff told us there was plenty of training booked in the next few months and they had been doing online training. Staff also said they had to do the online training in their own time and they did not always have the time to do this.

The registered manager and deputy manager said they had attended MCA and DoLS training and felt confident they knew what action to take if people were unable to make decisions about their care. We looked at the training plan and found training had been provided in 2013, which meant they were not up to date. We found one person had been admitted to the home for two weeks, while their relatives were on holiday. The manager said the relatives had told them the person was living with dementia. Staff said they supported the person with personal care and encouraged them to join other people for meals, but we observed the person was unsettled, unsure of where they were and they wanted to go home. Staff said they were encouraging the person to stay in the home, although the manager said they were not preventing them from leaving. We saw the person was not able to leave the home. The local authority had not been contacted with regard to advice about supporting this person or if a deprivation of liberty safeguard application should be made to the local authority, to protect them. This meant this person's needs had not been met.

The lack of training is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

Staff said they had induction training when they first started working at the home. This involved a tour of the home with information about fire escapes, and what to do if the alarm was raised. They were introduced to people and staff, and worked with more experienced staff until they felt confident to provide the care people wanted and needed. Staff felt confident they provided the support people wanted and that the training they needed would be arranged by the management. One staff member said they had done online introduction to dementia care since they started work, and two staff members told us they had recently signed up to start the Diploma in Health and Social Care level 2.

Staff told us they had regular supervision and appraisals. They felt the supervision was useful as it gave them time to sit down and discuss their role in the home, how they supported people and if they had any suggestions for improvement. They felt very well supported by the registered manager.

People were talking to each other and staff during lunch and there was a relaxed and sociable atmosphere in the dining room. Some people preferred to remain in their rooms and staff said they were supported to do this as it was their choice. The cook had a good understanding of people's preferences and produced different meals based on these. The meal at lunchtime looked appetising, people said they enjoyed it and condiments, napkins and drinks were available. People were encouraged to have enough to eat and drink. The cook and staff said snacks were available at any time if people wanted them, and hot drinks were provided in addition to morning coffee and afternoon

Requires improvement

Is the service effective?

tea as required. People's weights were monitored monthly and recorded in the care plan. Staff said if they had any concerns they would contact their GP and dieticians had been involved in planning meals for people that had lost weight.

People had access to healthcare professionals as required including the community mental health team and district nurse. One person said, "If we need to we can see the doctor, and I see the chiropodist regularly." Appointments were made with dentists, opticians and GPs as required, and visits to the home could be arranged. The appointments and any outcomes were recorded in people's care plans.

Good

Is the service caring?

Our findings

People told us staff provided the support and care they needed. They said, “The staff are excellent, there is nothing more they could do for us.” “They always ask us if we need anything.” “I like my room, I have a lovely view and feel very comfortable here” and, “I think they are lovely and make sure we are happy.” A relative said there was a good relationship between people living in the home, their relatives, friends and staff, which meant people were looked after very well. They felt their relative had been supported when their needs changed. They said, “I think this was the best place for my relative. They provided excellent care and supported us as well.” Staff felt they were able to provide the support and care people needed. They demonstrated a good understanding of people’s preferences and how they encouraged people to be independent.

Staff knew people very well; they used their preferred name and spoke respectfully, using a kind manner with eye to eye contact. Staff waited for a response from people and did not rush them. Conversations were relaxed and staff and people smiled as they talked. Staff explained what they were doing when they assisted people in wheelchairs, they asked their permission and if they were ready before they moved the chairs. People were assisted to move using mobility aids and areas were cleared to ensure they could move around the home safely. Such as when one person’s walking aid blocked the hallway and staff assisted them to move it so other people could walk past safely. One staff member said, “Everyone is different, like us, they have their own preferences about how they spend their time and some need help, which I am very happy to give.” Another staff member told us, “Each resident has their own support needs and we are here to make sure they all have enough support to be as independent as they can be.” One person said, “They let us decide what we want to do and don’t make decisions for us.” Another person told us, “I need a bit of help with things and I usually us a wheelchair now. The staff are very helpful as I can’t move around on my own, but they always ask me first.”

The home had a calm atmosphere. People said they were comfortable sitting in the lounge, the hallway and conservatory at the front of the home or their own rooms, depending on where they chose to be. We sat with people in the conservatory and lounge, and spoke with people who chose to remain in their rooms. They were all very positive about the support provided by the registered manager and staff, and felt they were treated with respect. One person said, “I usually leave my door open, but staff always ask me if they can come in before they do and they make sure the door is closed when they are looking after me.” People felt their dignity was protected and staff asked people discretely if they needed to use the bathroom or change their clothes.

The home was well furnished, people said they liked their rooms and had personalised them with their own furniture, pictures and ornaments. The conservatory was very popular and most people spent at least some part of the day there. One person told us, “I like it here. We can see what is going on and who is coming in, watching people is quite relaxing.”

People were encouraged to maintain relationships with people close to them. They told us their relatives and friends were welcome at any time and staff also seemed pleased to see them. A relative said they had visited the home regularly and always felt welcome, with staff asking them how they were, staff offered them a drink as they arrived and asked them if they needed anything.

Requires improvement

Is the service responsive?

Our findings

People said they were involved in decisions about the care and support they received, although they had not been involved in reviewing their care plans. People said they had not read their care plans and two people said they did not know what a care plan was, but they were very positive about the support provided. People said, "They have a great team here and they try very hard." "They work hard, are very caring in sometimes difficult circumstances" and, "They couldn't do any better really, everyone is looked after very well." The registered manager said people's needs were discussed with people and relatives were kept informed if people's needs changed. A relative said they had been informed of any changes and felt they had been involved in decisions about their family members care at all times.

From observations we saw that care was not personalised to meet each person's individual needs. Activities were provided by external entertainers, these included singing sessions, movement to music, quizzes, karaoke and games usually each weekday afternoon. Information about these scheduled activities was displayed in the hall and they appeared to be the same every two weeks. There was no evidence that the activities were reflective of the hobbies and interests of people living in the home. On the second day of the inspection six people sat in the lounge and some joined in a number of activities which included tasting green tea, making a Japanese drawing, a quiz and conversation generally. It was not clear if people had chosen to join in the activities. Two people usually sat in the lounge during the day and watched TV, which they said they enjoyed, so they would have been using the lounge before the activities started. It was not clear if their agreement was sought to switch off the TV and allow the activities to go ahead in the lounge. There was no written evidence that people were asked if they wanted to join in the activities or if they enjoyed them. We saw people were asked to participate but most people chose not to.

The support provided did not follow current published guidelines with regard to providing care for people living with dementia or mental health problems. Most people sat in the conservatory and lounge, they were relaxed and said they were quite comfortable. There was minimal interaction between them and there were no specific guidelines for staff to follow with regard to involving people in activities of their choice. Staff did not regard activities as an important part of people's wellbeing. They said it was provided by external entertainers and they did not feel it was part of their role as care staff and they did not usually have the time to provide it. Staff were not aware that people living with dementia required additional support; or that activities can be a way of engaging people living with dementia, which would enable them to participate in what is going on in the home.

The lack of appropriate guidance for staff, based on current published guidelines, was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

People's care needs, likes and dislikes, preferences, routines, faith needs, life history and wishes about how they wanted to spend their time had been recorded in a pre-admission assessment form. However, none of this information had been transferred to the care planning documents and no guidance was available for staff to meet people's individual needs. A relative said they had been involved in reviewing and updating their family members care plan and felt very involved in decisions about the care provided by staff. They had read the care plan and signed to show it had been reviewed. However, some people did not have relatives and it was clear their care plans had not been reviewed and updated on a regular basis. People were able to tell staff about their care needs and the support they wanted, but there were no records to show they were involved in planning or assessing the support provided.

We looked at the daily records and handover sheet, which were completed by the staff at specific times during the day, such as at 18.45 for the evening handover. This was the usual practice and one member of staff completed them. From these records we could not see how people had spent their day, if appropriate support was provided and if people's needs had been met. Staff said they relied on the handover sheet to keep them up to date with people's needs. Handover sheets were not specific as they did not record how people had spent their day. This meant there was a risk that some information would not be passed on to staff on the next shift. One example of this was a person felt unwell on the previous day when they went into town on their own, and a member of the public assisted them to return to the home safely. This was not recorded on the handover sheet, there was no evidence that night staff were

Requires improvement

Is the service responsive?

aware of this, and no additional observations or support was planned to ensure action could be taken if they felt unwell. Staff said the information would have been passed on, but the records did not support this.

The lack of accurate and up to date records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

A complaints procedure was in place. The registered manager said they had few complaints and if any issues were raised they tried to deal with them immediately. People said they did not have anything to complain about, and if they were unhappy they would talk to the staff. One person told us, "I can't think of anything to complain or worry about. They are very good here and if I didn't like something, perhaps the meal, I would just tell them and they would sort it out." Another person said, "We have nothing to complain about here. They look after us so well." A relative said they did not have any complaints about the service, if they had any issues they would raise them and felt the staff would deal with them as soon as they knew about them. A concern had been raised by a relative and the registered manager said they had discussed this with them and had resolved the issue. However, there were no records to evidence these discussions had taken place; that the concerns had been investigated and had been resolved to the satisfaction of the complainant.

Requires improvement

Is the service well-led?

Our findings

People felt the service was well led, that the registered manager was very approachable and they could talk to the staff about anything. People said, "The manager is usually around if we need anything and is very helpful." "She is very nice, keeps an eye on things" and, "I couldn't wish for anywhere else to live, apart from my home of course." A relative said the registered manager was very supportive and looked after everyone very well, including the relatives and staff.

The registered manager said there were quality assurance systems in place to ensure the support and care provided was appropriate. However, we found no evidence of regular audits of care plans, risk assessments, the environment, including infection control, or medicines. We looked in the controlled medicines cupboard. Controlled medicines, or drugs, are classified by the Misuse of Drugs Act 1971 as they can be 'dangerous or otherwise harmful' when misused. There are specific requirements linked to these medicines, which includes their secure storage in a locked cupboard. We found medicines, which were no longer in use, as the people they had been prescribed for no longer lived in the home. Staff were aware that controlled medicines should be kept for two weeks after the death of the person they are prescribed for and should then be returned to the pharmacy. Staff did not know why these medicines had been kept. The receipt of one medicine had not been recorded correctly in the controlled medicines book. Staff had noticed the increased number of tablets and had recorded it correctly, but the actual delivery of the medicines was not recorded. The registered manager and deputy manager were unable to explain the inaccurate record keeping and could not show regular audits had been used to ensure people received the medicines they were prescribed. Incorrect record keeping may put people at risk of receiving the wrong medication.

The registered manager did not hold regular meetings with people living in the home, their relatives or staff. No one we spoke with said they had been consulted about the way the home was operated or how the services provided could be developed to meet people's individual needs as they changed. This meant people's views had not been sought and consequently the home was unable to assess and monitor the quality of the service from the perspective of the people living there or their relatives.

The registered manager said staff meetings were used to discuss any issues or improvements to the service. Staff told us they had not attended these meetings. For example, a staff meeting had taken place on 15 May 2015 when two staff attended and the previous one had been in October 2014. We were unable to see the minutes of the meetings as the registered manager and deputy manager were unable to access them from the computer.

The audit system had not identified there were not enough staff, with the correct training and supporting documentation, such as care plans, to provide personalised care. We observed that although staff were attentive and kind the support provided was task based. This meant people's choices were limited, people may have expressed their needs, but staff did not have the understanding of, or time to meet them.

The lack of effective quality assurance and monitoring was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

The management and staff said they offered a quiet, family run home for people who were no longer able to look after themselves in their own homes. Staff spoke about their values and how important it was to enable people to live a lifestyle, as far as possible, the same as they had before they moved in. Enabling people to be as independent as possible was a clear aim for all staff, which they said involved letting people make decisions about their own care. People said staff looked after them very well, the felt they understood their needs and provided everything they needed. Staff said there was an open culture at the home; they could talk to the registered manager at any time, although they were not involved in discussions about the support and care provided.

The registered manager said satisfaction questionnaires were sent out each year. They had been given to people living in the home, and sent out to relatives and other stakeholders, such as GPs, in May 2015 and the responses had not yet been correlated. They said they would send these to the Care Quality Commission (CQC) when they were available.

On the second day of the inspection the registered manager told us they had advertised for more staff and had interviewed staff to work weekends cleaning as well as providing support and care. Application forms had been completed by prospective employees, references had been

Requires improvement

Is the service well-led?

requested and a Disclosure and Barring Service check to ensure prospective employees were safe to work with people. This meant the registered manager had recognised there was not enough staff working in the home and had taken steps to address this.

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 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing The provider had not ensured sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed. They had also not ensured staff and received appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they are employed to perform. Regulation 18(1)(2)(a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment. The provider was not ensuring people were protected against abuse and improper treatment because they were acting in a way that controlled or restrained a person which was not necessary or proportionate to prevent a risk of harm to the person or other people who did not need such control or restraint. Regulation 13(4) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

This section is primarily information for the provider

Action we have told the provider to take

Staff had not received appropriate training.

Persons employed by the service provider in provision of the regulated activity did not receive appropriate support and training to enable them to carry out the duties they are employed to do.

Regulation 18 (2) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred Care. The provider did not ensure that the support provided followed current guidance in relation to care and treatment. Regulation 9(1)(3)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance People's personal records were not accurate and up to date. The provider did not maintain secure and accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17(2) (c).

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance

The provider had not established and operated effective systems or processes to assess, monitor and improve the quality and safety of the services provided or to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others who may be at risk. They had also not maintained an accurate, complete and contemporaneous record in respect of each person including a record of the care provided to the person and of decisions taken in relation to the care.

Regulation 17(1) (2) (a) (b) (c) (e) (f).