Care UK Community Partnerships Limited

Ambleside

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?	Good
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 20 November and 21 November 2014 and was unannounced.

Ambleside provides residential and nursing care to older people and there were some people at Ambleside who had dementia. It is a purpose built home which is registered to provide care for 60 people. Care is provided across two floors. At the time of our inspection there were 48 people living at Ambleside.

At our last inspection in July 2014 we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the care and welfare of people, the number of suitably qualified and skilled staff and medicine management. The provider sent us an action plan telling us the improvements they were going to make, which would be completed by September 2014. At this inspection we found some improvements had been made but further improvements were still required for the provider to meet their legal requirements.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Some people told us they felt well cared for and safe living at Ambleside. However some people told us there were occasions when they did not receive the support they needed.

Care plans contained accurate and relevant information for staff to help them provide the personalised care and treatment people required and care records reflected their wishes. We found people did not always receive care and support from staff who had the appropriate clinical knowledge and expertise. Staff had been assessed as competent in certain areas such as medication, but were not assessed as competent when they undertook other areas of care. Some staff had not been assessed as competent to do this safely because those staff were not supervised by clinical staff who were themselves appropriately trained and assessed to support other staff.

Systems were in place to identify the care and support people needed although there were occasions when the skill mix of those staff could not fully support people's individual requirements.

The system in place to make sure people received their medicines safely had improved but we were not always assured people were given their prescribed medicines when they needed them.

Systems and processes were in place to recruit staff that were suitable to work in the service and to protect people against risks of abuse.

People told us staff were respectful and kind towards them and staff were caring to people throughout our visit. We saw staff protected people's privacy and dignity when they provided care to people and staff asked people for their consent, before any care was given.

Staff understood they needed to respect people's choice and decisions. Assessments had been made and reviewed to determine people's capacity to make certain decisions. Where people did not have capacity, decisions were taken in 'their best interest' with the involvement of family and appropriate health care professionals.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). At the time of this inspection, no applications had been made under DoLS for people's freedoms and liberties to be restricted. The registered manager had contacted the local authority and was in the process of reviewing people's support in line with recent changes to DoLS.

Regular checks were completed to identify and improve the quality of service people received. The provider completed checks to make sure actions had been taken that led to improvements. People and relatives told us they did not always feel listened to and supported by managers or staff and if they had any concerns, people said these were not always responded to in a timely way. These systems did not always make sure staff delivered a quality of service that people required. The lack of effective management when responsibilities had been delegated to others was not always effective or clear for staff to follow.

We spoke with other health care professionals because of the concerns we found that related to staff completing clinical duties who were not appropriately assessed to do so.

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 always safe.

Staffing levels were determined according to the dependency needs of people who used the service. Staff were recruited safely and trained on safeguarding procedures so they knew what action to take if they suspected abuse.

People's needs had been checked and where risks had been identified, risk assessments advising staff how to manage these safely were in place. However, there were occasions when people did not receive the support they needed to keep them safe.

The system in place that made sure people received their medicines when prescribed required improvements because we were not always confident people received their medicines when required.

Is the service effective?

Requires Improvement

The service was not always effective.

People and their relatives were involved in care decisions but did not always receive support from staff that was appropriately assessed or competent to carry out certain care tasks. Where people did not have capacity to make decisions, support was sought from family members and healthcare professionals in line with the Mental Capacity Act 2005. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People were offered choices of meals and drinks that met their dietary needs and systems were in place that made sure people received timely support from appropriate health care professionals.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were supported with kindness, respect and dignity. Staff were patient, understanding and attentive to people's needs. Staff had a good understanding of people's preferences and how people wanted to spend their time.

Is the service responsive?

Good

The service was responsive.

People's care records were reviewed and updated as required. This helped staff respond to people's individual needs and abilities. There was an effective system in place that responded to people's written complaints, but if people raised informal concerns these were not always resolved to people's satisfaction.

Summary of findings

Is the service well-led?

The service was not always well led.

People spoken with had mixed opinions about the effectiveness of the leadership in the home. We saw there were processes in place to identify improvements, however people said the improvements to the care and support people required were not always acted upon in a timely way.

Requires Improvement

Ambleside

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 20 November 2014 and 21 November 2014 and was unannounced.

The inspection team consisted of two inspectors, a pharmacy inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for a relative who used this type of service.

Before the inspection we reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We also looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We spoke with the local authority who provided us with information they held about this location.

We spent time observing care in the lounge and communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 people who lived at Ambleside and five visiting relatives. We spoke with 12 staff (both care and nursing staff) and the registered manager and the regional director. We also spoke with two relatives after our visit. We looked at four people's care records and other records related to people's care including quality assurance checks, medicines records, complaint records and incident and accident records.

Requires Improvement

Is the service safe?

Our findings

At our inspection in July 2014, we found the provider had breached Regulation 9, Regulation 13 and Regulation 22 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found concerns with the quality of the care people received. There was a lack of information and guidance for staff to be able to support people safely. Records and systems failed to demonstrate that people had received their medicines as prescribed or that they were administered safely. We also found concerns with regards to the number of suitably skilled staff available and how those staff were deployed in the home to meet people's individual care needs. We asked the provider to send us an action plan outlining how they would make improvements in each of these areas. When we inspected Ambleside again in November 2014, we found some improvements had been made, but there were still some areas that required some improvement.

Some people told us they felt well cared for and safe. Comments included, "I feel safe." Some relatives also spoke positively and they said people were cared for safely. Comments included, "Safe, absolutely" and "I think they are safe here."

However some people living in the home and their relatives told us there were occasions when they did not receive the support they needed. Some relatives we spoke with gave us examples that showed staff were not always aware when people's health conditions had changed. Some of the care workers we spoke with told us they did not always have time to read people's care plans so they were not confident they knew if people's needs had changed.

One person who lived at Ambleside said, "I had a difficult night last night, I was uncomfortable. I spoke with a carer who didn't help me. I have spoken with another carer but she didn't want to know. One care worker spoke with me, but never came back. It annoyed me no one could help." One relative told us, "I asked for an extra rail [in the ensuite] and a pressure sensitive pad by [person's] bed as [person] had fallen while half asleep. The response was that a falls assessment nurse would be called in. After 18 days when nothing had happened, I chased it up again. In the meantime, [person] had fallen again." This relative told us that after the initial delay, the extra rail was fitted in their family member's room.

We looked at whether staffing levels were sufficient to meet people's needs. At the last inspection we had concerns that staffing levels impacted on the quality of care people received. At this inspection we found improvements had been made although night staff told us things had not improved completely since our last visit.

We arrived at the service at 7.00am. This was because we had received information prior to this inspection that staffing levels at night time were not supporting people's needs. We spoke with night staff and nursing staff who told us it was difficult to meet people's needs when expected staffing levels were not met because of unplanned absences.

At the time of our inspection there was one nurse on duty. The registered manager confirmed there were 10 people who had nursing needs across both floors. Senior staff also provided support to people on these floors, for example with medicines. A nurse told us they found staffing levels on occasions had impacted on the care people received at night time because they had to leave the nursing unit to support other people who required nursing support.

The registered manager recognised additional support was required and had recently implemented an additional shift, from 6.00pm to 10.00pm. We were told this would help to provide support to people over mealtimes and to help some people get ready for bed. The registered manager told us this had only been in place for less than one week and they were one staff member short on this shift because of unplanned absence that occurred at short notice.

The registered manager completed a dependency tool that helped decide what staffing levels should be to meet people's individual needs. This tool identified each person's care needs over a period of time and appropriate numbers of staff were allocated on duty to meet those needs. The registered manager also recognised they required additional staff and were recruiting for additional permanent staff. In the meantime, the registered manager told us they used agency staff to support their own staff to meet people's needs. We were told the same agency staff were used to help maintain continuity of care and this was confirmed by the permanent staff who worked at Ambleside.

We spoke with care staff and nursing staff who worked during the daytime to find out their experiences. All of the

Requires Improvement

Is the service safe?

staff we spoke with told us there were enough staff to meet people's needs. This was supported by relative's comments who said the daytime staffing levels were able to meet their family member's needs. During our observations after 8.00am we saw staff had time to spend with people and provide the care at people's preferred pace. Staff did not appear rushed and there were sufficient staff to meet people's needs.

At the last inspection we found it was not always possible to be assured people always had their medicines when needed. At this inspection we found further improvements were required to ensure people were given their prescribed medicines as intended.

We found two people had not been given their medicines as prescribed by their doctor and these medicine errors had not been identified by the provider. Staff we spoke with were unable to explain why the medicine errors had happened. Night staff told us there had been occasions where people had been given their medicines outside of the prescribed times, or if they were asleep, medicines had not been given. One staff member said, "For the nurse, it's a huge pressure. Some people can't go to bed unless they have their medication. It's not right." One nurse told us they found it difficult to ensure medicines were always given. This was because on occasions, they were the only staff member on duty at night and they had to administer medicines to people on both floors.

We looked at medicines records for three people who were unable to give consent and whose medicines were to be concealed in food or drink. This was because their need for medicines was important to maintain their health and well being. We found that 'best interest' procedures had been followed although they had not been reviewed when required and information on how to conceal medicines in a safe way was not always available. We also found four people who required medicine to be given 'when necessary' or 'as required' had protocols in place, but these protocols did not contain information that informed staff of the reasons why medicines were needed.

The provider's staff recruitment practices protected people from the risk of being cared for by staff who were unsuitable to work with people. We looked at recruitment records and found checks had been completed to support the safety of people living at the home.

Staff told us they had received training on how to protect people from abuse or harm and were aware of their role and responsibilities in relation to protecting people. Staff training records confirmed staff had received relevant training to support people safely. We also saw the provider had a policy and procedure in line with the local authority's protection of adults. From the information we looked at prior to the visit, we were aware that the provider had reported safeguarding concerns to the local authority and us appropriately.

Records showed incidents and accidents had been recorded and where appropriate, people received the support they needed. The registered manager told us they analysed these incidents for any emerging patterns. The regional director told us they also reviewed these on a monthly basis to ensure appropriate measures had been taken to keep people safe.

Requires Improvement

Is the service effective?

Our findings

People living in the home spoken with told us they felt staff knew their care needs in order to provide the care and support they required. One person said, "They [staff] know what they are doing." Another person said, "The staff know my needs."

Staff told us about the training they received. One member of staff said "I have completed lots of training in moving and handling, mental capacity, food hygiene, infection control and safeguarding." One staff member told us they had completed an induction programme when they started work in the home that included training and shadowing experienced staff. We spoke with care team leaders and unit managers who told us they had received additional training that enabled them to provide care to people with more complex needs, such as administering insulin and medicines. Staff we spoke with told us they had completed training to enable them to deliver the care and support people required, however the provider had not provided ongoing assessment of staff to ensure they were competent to provide the support people required.

For example, some staff had received training in catheter care. Staff told us, this training showed them how to insert catheters. To support this training, the clinical lead told us that staff should be checked to ensure they were competent to carry out this procedure safely. We found staff had not been assessed as competent, and staff were not supervised by suitably qualified and experienced nurses when they completed this procedure.

We spoke with the clinical commissioning group (CCG) about the guidance staff should be following and the CCG's expectations of the service that people received. The CCG was concerned that there was no clear delegation or supervision taking place in line with the nursing and midwifery council guidelines. These guidelines state staff must be competency assessed and supervised by a registered nurse and staff must be supported by nursing staff who are appropriately skilled and experienced to meet people's needs.

The provider was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010.

People told us they were able to see healthcare professionals to receive additional support, to maintain their health and wellbeing. One person told us, "I see the doctor that's here, the chiropodist comes in regularly and my eyes have been tested twice since I've been here." Care plans we saw showed people received support from other healthcare professionals such as opticians, speech and language therapists (SALT) and dieticians.

We found examples where the advice received had not always been put into practice or staff had failed to follow instruction. For one person, we saw a dietician had requested that food and fluid charts were completed to detail quantities and calories to monitor weight loss and to record blood pressure. The advice was not followed and staff had not recorded these details. Staff spoken with were unable to confirm whether the blood pressure had been taken or whether appropriate foods were offered.

We were also made aware of another example where their family member had not received support from staff to ensure their relative had enough food and fluids to maintain their health and wellbeing. What these relatives told us showed there was a lack of managerial or clinical oversight which meant issues that affected the care people received were not resolved in a timely way.

Staff told us they had regular work supervision meetings with the registered manager and senior staff. Staff told us they found these meetings useful because it provided them with an opportunity to discuss their own personal goals and discuss any training they required. We saw records that confirmed this.

We observed a staff handover meeting between shifts which provided senior care staff with the necessary information about people's current health needs. Staff told us they received this information before they started their shift. Staff said this information helped them to provide appropriate care for people as it informed them when people's care needs had changed.

People told us they could make their own decisions and were able to spend their time as they chose. For example, "I can do what I like, you have a choice." Staff understood the importance of obtaining consent from people, and said they always asked people if it was alright with them before they did anything. One person told us, "If they need to do anything, they ask you."

We found staff understood the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation makes sure people who

Requires Improvement

Is the service effective?

require assistance to make decisions receive the appropriate support, and are not subject to unauthorised restrictions in how they live their lives. Staff ensured people's human and legal rights were respected. No one living at Ambleside had their freedoms restricted.

People told us they had a choice of meals and enough to drink during the day. Comments included, "They give me a menu, and I can choose what I want. If I don't like what's on it I think I could have something else. The food is very good here", "I have a night time drink before I go to bed and they keep me well supplied thank you" and "When I first came here I thought the food was out of this world, the chef is remarkable." We observed the lunchtime meal. We saw people who needed assistance to eat were supported appropriately by staff. Staff sat with people and engaged people in conversation. One relative told us, "My [person] said lunch was a social event."

Good

Is the service caring?

Our findings

People were complimentary about the staff who they described as 'kind' and 'caring'. One person told us, "Yes I do get very good care and support here, it's the best." A relative we spoke with said, "The home is generally very good. The people are nice and the carers really care." All of the people and relatives we spoke with said the staff worked hard to make sure people were cared for. One staff member said, "The residents here are like my family. I treat them how I would my own family."

We saw staff were caring and compassionate in their attitude towards people who lived at Ambleside. We saw staff engaged people in conversations and addressed people by their preferred names. One person told us how staff addressed them by their preferred name. "I prefer staff calling me by a different name, I have been called [name] for years." We saw staff supported people to move around the home at their own pace. We saw staff provided comfort and support to people, such as putting an arm around people to walk them to their room or other parts of the home. We saw a person walking around the home had become very agitated, calling out for help. A staff member spoke to them in a kind, gentle manner and said, "Don't worry, these are all your friends." The staff member spent time with the person to make sure they were calm. This staff member knew that this person got anxious when they did not recognise people.

People said they were happy living at the home and were satisfied with the care they received. One person told us "I like it here. By in large they are very good." We saw staff interacted positively with people and understood people's communication methods and needs. Staff involved people who had limited communication skills. For example, one person who used the service spoke limited English. This person's family visited regularly and were regularly involved in decisions about the care the person received. Staff told us this person used picture signs so they were able to communicate their choices and wishes with staff.

People told us they could make their own decisions and maintain their own independence as much as possible. One person said, "I do what I want, I don't need much help. Staff help me if I go in the garden because I like to go out every day." Another person said, "In the morning, I need help to wash, they encourage me to try and do it myself." Other people told us they needed help with daily living tasks, "Staff help put cream on and with their help, I get dressed." The registered manager and staff recognised most people had relatives, but were people did not, the advocacy service provided support to people to help them with decisions, such as managing their finances.

People living in the service, told us that staff maintained their privacy, dignity and treated them with respect. One person told us "They make it feel normal. They are very good at balancing that." A relative said, "Their privacy is maintained as much as possible, they [staff] always close the door when they are doing things." Staff told us they would always shut doors and curtains when providing personal care and would cover parts of the body not being washed to maintain people's dignity. People confirmed this. One person said, "Staff have never done anything that made me feel uncomfortable."

We spoke with a relative who said, "We come whenever we want." People spoken with said there were no restrictions on visiting times and their relatives and friends could visit when they liked.

Good

Is the service responsive?

Our findings

People told us they were involved in the planning of their care and staff followed their wishes. One person said, "They ask me but I can do things for myself." Some people were unable to tell us if they felt involved but relatives told us they had been involved in care planning decisions. One relative said, "Every month you get a care plan to look at, you are asked to go through it and agree or not agree." Another relative said, "My [person's] care plan is updated monthly, I have made changes in the phraseology sometimes, and they have changed it. I'm very involved because I don't want to be the last to know." We saw records that showed family involvement was an essential part of people's care planning.

People told us staff knew their likes and dislikes and how they wanted to spend their time. Staff told us they spent time with people getting to know their life histories, likes and dislikes which helped them to provide the individual care people required.

Staff knew how to respond to people to minimise distress. We saw one example where staff spent time with a person and comforted them so that the person began smiling and appeared more relaxed. Where people needed to be assisted to move, staff told us they were competent in carrying out moving and handling procedures and involved people they were supporting throughout the transferring process. We spoke with one person who required assistance when transferred with moving and handling equipment. This person told us, "I feel okay with the help and I didn't think I would." Care plans and assessments looked at contained detailed information that enabled staff to meet people's needs. The five care plans we looked at had been reviewed and updated when people's needs changed.

People told us they enjoyed the activities provided. Comments people made were, "They have entertainment in the afternoon", and, "They do everything they can to stop us being lonely." One person told us they enjoyed going in the garden. This person also told us they walked around the home as it was "Good exercise." Not everyone we spoke with wanted to join in so people were free to spend their time how they wanted. Ambleside had a cinema that people could use if they wanted to watch a film. One staff member told us the cinema room had been used to host birthday parties or special occasions.

'Relatives and residents' meetings were advertised in the communal hallway for people to attend so they had an opportunity to talk about any issues or concerns they wanted to raise. Minutes of these meetings had been kept and we saw concerns people had raised had been acted upon. For example, general housekeeping issues and seasonal foods were discussed. We were told and saw evidence that showed improvements had been made in these areas. However, one relative had requested a rail was put in their relative's bathroom to reduce the risk of falls. The rail was eventually fitted, however it was fitted in the wrong location so it did not provide the support the person required. We were told this had now been rectified.

People who used the service told us they had no complaints about the service they received. People said if they were unhappy about anything they would let the staff know or talk to the registered manager. One person said, "I would let the carers or manager know." Another person said, "I would let my son sort it out."

We looked at how complaints were managed by the service. The registered manager told us the home had received two written complaints in the past 12 months. Both complaints had been investigated and responded to in line with the provider's own policies and procedures. There was information available in the home for people and relatives about how they could make a complaint. The two complaints we saw had not been made by the people we spoke with who told us about their concerns. The registered manager told us they had dealt with concerns when they had been made aware, but there was not a system in place that identified what action had been taken when other concerns or complaints had been raised to the management team that were not written. The regional director told us they took complaints very seriously and all complaints were reviewed regularly to make sure any lessons learnt could be made to prevent similar complaints from reoccurring.

Requires Improvement

Is the service well-led?

Our findings

People living in the home and relatives we spoke with had differing views about how they felt the service was managed.

Some people we spoke with told us that issues they had raised had been responded to appropriately. One relative said, "It's very much open door here." All of the staff we spoke with were committed to provide the care people expected. One staff member said, "We are here for the residents. The improvements here since your last visit is amazing. We have learnt from the last report and the care records had improved."

Some people, relatives and staff we spoke with told us their views and opinions were not supported or acted upon and they had never met the manager or knew who the manager was. Some people we spoke with told us they felt that the provider did not promote a positive culture that allowed them to identify and improve the quality of service they received in a timely way.

One relative said, "There is a lack of communication between staff, Ambleside and us as relatives. We have lost confidence in the management." Another relative said, "I am thinking of moving [relative] to another home."

We found where some relatives had raised concerns with the management team, for example, requesting equipment in people's rooms, the issues had taken a long time to resolve. The lack of appropriate documentation in regard to monitoring some health needs, had not been identified by managers when the checks had been completed.

We asked staff if they felt able to raise any concerns they had. One staff member said, "If you have a complaint they do listen but whether they can help out depends on what the problem is." The majority of staff told us they were supported, however some staff we spoke with had raised concerns that their opinions had not been addressed. For example, staff told us they had raised concerns about staffing levels and the quality of nursing care people received, but had not seen any improvements, or had been made aware of how their concerns had been addressed. Some staff told us this had a negative effect. One staff member told us, "Morale is a problem here."

Some of the nursing and non nursing staff we spoke with were unclear about management roles and responsibilities and felt there was little managerial direction and supervision. Staff told us the introduction of senior positions and how nursing and non nursing staff were allocated, provided mixed messages about who was responsible for the management of the shift and certain aspects of care. One nurse told us, "Three nurses are on the same shift working as carers." Nursing and non nursing staff told us on the occasions when they had raised concerns and sought clarification, responses were not provided.

We discussed these comments with the registered manager and regional director. The registered manager told us they had responded to one written complaint from a staff member regarding their concerns and offered this person a further opportunity to discuss their concerns in person. They told us they would welcome any opportunity to further discuss concerns with people, relatives or staff. The registered manager gave us examples of how they had engaged with people who used the service but were not made aware of all of the concerns we had identified.

We looked at the system in place to identify staff were appropriately trained and assessed to meet people's needs. We found non nursing staff completed clinical tasks but were not supported by appropriately trained and assessed nurses. The clinical lead who completed competency assessments for staff had not been assessed fully in all clinical areas. For example, ensuring non nursing staff were competent to undertake catheterisations. National midwifery council guidelines make it clear what the delegated responsibilities were and who these should be completed by. The lack of clinical governance checks, effective monitoring and robust systems in place meant the provider could not be assured people received a quality of service that continued to meet their needs.

The provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010.

The registered manager and the regional director undertook routine checks and audits to monitor the quality of the service. This included feedback from people who used the service and their relatives. Quality checks were completed regularly by the regional director which included care plans, medicines, staff absence and complaints. We looked at examples of these checks and where improvements were required, action had been taken, and any learning from these checks was made to ensure a quality service was maintained.

Requires Improvement

Is the service well-led?

The provider was sent a Provider Information Return (PIR) which they are required to complete and return to us. The information in this return informs us about how the service operated and how they provided and delivered the required standards of care. At the time of the inspection the provider had not submitted the PIR.

The manager was registered with us and understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The systems in place to monitor, identify and assess risks relating to people's health and welfare did not ensure that people using the service were sufficiently protected. Regulation 10 (1)(b)(i)(ii).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff People did not always receive appropriate care and support because effective and robust systems were not in place to make sure staff were competent to complete certain invasive procedures. Regulation 23 (1)(a)(2)