

# Caring Homes Healthcare Group Limited

# Oak Manor Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Oak Manor Nursing Home is a care home providing personal and nursing care to 43 adults at the time of the inspection. The service can support up to 61 people.

The premises are in a rural setting with an older building being extended. All facilities are on the ground floor. People's bedrooms are accommodated off a circular corridor that returns to the lounge and dining room at the front of the care home. The service specialises in providing care for people living with dementia.

People's experience of using this service and what we found

Since the last inspection the provider and management have been working hard to improve this service. People have benefitted from the changes that have been made and the ongoing plans will further improve people's experiences. Therefore, this service has moved out of special measures and is now rated as requires improvement.

The number and dependency levels of people using this service had reduced since our last visit. This was because of action taken by the service to temporarily suspend admissions until the service had improved the provision of service.

There continued to be a high use of agency staff at the service. The registered manager and provider had a constant recruitment campaign running to recruit permanent staff. There had been a strong focus on change of culture within the service. Communication systems had improved and were still being refined.

Staff had received training and support to better perform their roles and this was ongoing. For example, training relating to dementia, wound care and end of life was on-going. Staff morale had positively improved.

People were safeguarded from abuse and people were provided with sufficient to eat and drink that met the needs of people living with dementia and associated health conditions. Infection control matters had improved.

The provider had mobilised resources within the organisation and had addressed the quality assurance issues raised at the last inspection. The providers own monitoring of the service was more effective, and they had oversight of events at the service and were responding effectively to those findings.

Environmental issues still remained. The development of outside safe space had yet to be addressed. There was a lack of working shower/bathing facilities for the numbers of people resident during our inspection visit, but we have been informed this has been resolved.

Care planning documentation is still extensive and overly burdensome for staff to complete and navigate. People were still not meaningfully engaged in day time occupation. One activities person had recently been

appointed and more were planned.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at last inspection (and update)

The last rating for this service was Inadequate (report published 1 May 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been in Special Measures since 1 May 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. However, the timing of the inspection was prompted in part due to concerns received about staffing levels and care practices. A decision was made for us to inspect and examine those risks earlier than scheduled.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oak Manor Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

# Oak Manor Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors, a specialist adviser who was a nurse in current practice with up to date knowledge of wound care, 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.

#### Service and service type

Oak Manor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on day one and the registered manager knew we would return for day two.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

During the two inspection visits we spoke with four people who lived at the service and five relatives about their experience of the care provided. We spoke with five care staff, along with catering, cleaning and maintenance staff. We held discussions with the registered manager, the deputy manager, three visiting managers and a company trainer in dementia care.

We 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 reviewed a range of records. This included five people's care records, 16 wound care plans and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information they forwarded relating to training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Significant improvements had been made.

- We found that people had risks appropriately assessed and that staff followed these. We made observations at lunchtime and found that people were not placed at risk of choking when being supported to eat.
- We saw occasions when people displayed distressed behaviour. Staff responded well. Where staff needed additional support this was given by more experienced staff. We observed the deputy manager guide staff and model good practice when needed.
- Agency staff that were used were familiar with the service. Those interviewed told us that they had access to information such as risk assessments and could ask other staff for guidance.
- Where people were at risk of weight loss appropriate assessments were in place. We saw that people's weight was closely monitored. The chef was aware, involved and knew who required fortified foods.
- Nursing staff followed good practice guidance in relation to wound management. An agency nurse told us, "Aseptic Technique training is provided online for all staff to undertake."
- Slings used to hoist people were routinely shared between people. It would be best practice to prevent infection spreading for people to have assessed individual slings where possible.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection resident numbers have reduced. Staffing levels were determined by resident numbers and their dependency needs. The registered manager stated that the service was always staffed over the calculated numbers and therefore if staff were absent at short notice the service would remain safe.
- Not all staff were aware of the staffing calculation and some staff believed that they were short of staff during our inspection visit because of staff absence at short notice. However, staffing was safe because of planning over the required staff numbers. Other staff told us there were enough staff available to meet people's needs. One staff member said, "We use the same agency staff." A relative told us, "Most of the time there is enough staff."
- There continued to be a high use of agency staff at the service to maintain a safe level of staff. One staff member said, "Some days we have more agency than permanent staff and that makes it hard." The registered manager and provider had a constant recruitment campaign running to recruit permanent staff.

- There were appropriate recruitment practices in place.

#### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were safe from improper treatment and abuse. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were now protected from abuse. Policies and procedures had been put in place. They were visible to staff and known and understood by them. Staff said they had received training and would speak up if needed.
- At the previous inspection we had observed concerning practice related to overly controlling people and their movement. No restrictive practices were observed during this inspection. People had free access to their rooms and all parts of the communal areas within the service.

#### Using medicines safely

- Medicines were safely managed and stored safely. Records relating to medicines administration were completed accurately.
- We observed the nurse administering medicines. Safe procedures were followed. We observed kind caring interactions with people.
- People were asked if they were in pain, nursing observations were made and the tool known as the Abby pain scale was used to determine if people who could not communicate effectively were displaying signs of pain.

#### Learning lessons when things go wrong

- The registered manager and provider critically reviewed incidents and events and determined if improvements were needed. Staff records were of good quality when reporting incidents.
- Changes to practice were made where incidents and events had highlighted shortfalls or risks in the delivery of the service. An example being the response received when we fed back matters relating to a medicine that required gradual increase. The response was one of, 'what measures can we put in place to prevent a reoccurrence.'



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

At our last inspection the provider had failed to ensure premises and equipment was appropriate and suitable for purpose. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation 15.

- A degree of work had been completed within the service, but this was ongoing and needed further investment that was planned. Previously the environment had been developed with people living with dementia in mind with areas such as a railway station and items of interest such as an older typewriter. Some signage was in place and some had been removed. Paint work was chipped on doorframes and skirting boards.
- On day one of our visit there was only one working shower for the 43 people. This still remained the case one week later on our return. The service has since confirmed that there are three working showers and one working bath available for people to use.
- There was outside space available. This was in need of development to make it more appealing and appropriate for people living with dementia. The furniture was old, mismatched and had peeling varnish. Tyres had been painted and previously used as planters. None had been planted recently and the grass needed cutting.
- Within the service there were two slopes that were moderately steep. We requested that the provider reassess the safety of these to review if anything could be done to make them safer. One had a hand rail on one side but not the opposite side.
- All parts of the communal areas were available for people to use and people had access to their bedrooms should they wish.
- The first day of our inspection was extremely hot weather. There were a number of air conditioning units on walls, but we were told they were not working and had been that way for some time. During the day a senior manager authorised mobile units to be purchased to enable air to circulate and keep people cooler.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure appropriate support, training and supervision This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been great investment in staff in terms of support and training provided. On the day of our visit staff were receiving training in dementia. A senior member of the human resources department was regularly visiting working with staff in groups to better support them and listen to them.
- We were given evidence to show that nurses had their competency assessed and that nurses employed had 100% compliance with the nurse competency framework.
- Not all nurses were up to date with tissue viability and end of life care skills to meet the needs of people at the service.
- Records showed that 90% of staff had achieved training in 21 courses that the provider determined at mandatory. This included training that we would expect to see such as infection control, safeguarding, fire and food safety and understanding the Mental Capacity Act. The statistic for moving and handling showed that nine staff still required training in this area.
- Care and nursing staff had been provided with training related to people living with dementia and distressed reactions. This enabled staff to respond people whose behaviour was challenging. We observed staff respond appropriately and kindly when supporting people. Staff had the support of a dementia lead within the organisation to support and advise them when needed.
- Staff told us, and we found evidence that staff were well supported through regular supervisions and staff meetings.
- Since the last inspection, there had been developments in terms of staff competencies. The service had developed champions in key areas to disseminate best practice guidance and information. This included infection control and nutrition.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider had failed to account for people's preferences, needs and provide appropriate support in relation to nutrition. This was a breach of regulation 14 (Meeting nutrition and Hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection, there has been investment in peoples experience of eating, nutrition requirements and meals provided. The service is no longer in breach of regulation 14.
- We found a very knowledgeable trained chef in place who knew people well and what their needs were. This included specialist diets and food that required to be modified.
- The chef took a personal interest in people's preferences through observations and promoting choices and new experiences for people. As a result, people had gained weight. People were complimentary about the food. One person said, "It's delicious, one of the best things about being here."
- The chef encouraged people to eat and drink more by providing afternoon tea complete with tea pot and cakes. Others who were requiring a textured diet found that their food was beautifully presented as it had been prepared in separate elements and reconstructed. For example, cakes, sandwiches and trifle were all prepared to suit people with swallowing difficulties but were made to look appetising.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider had failed to provide appropriate collaborative support which met peoples needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This service was no longer in breach of regulation 9 (3)

- Communication within the staff group had improved since our last inspection. There had been the introduction of a morning meeting that was intended to include all departments within the service. This along with the associated paperwork was still developing and embedding. We observed two of these meetings and fed back that they could be more effective as they were not functioning as set out by managers and the action plan sent to CQC.

- Nurses on shift did have oversight of people's wellbeing day to day. We saw an example where the deputy manager was advising further observations and measurements to be taken of a person's ankle and if changes were noted to refer to the GP surgery.
- There were good links with local nurse specialists and tissue viability nurses were consulted where needed.
- People had access to healthcare professionals in a timely way. One professional had prescribed a medicine to be increased over time. This had not been actioned with appropriate follow ups, advice and instructions effectively by nursing staff in the service. This specific treatment had ceased for this individual, but the registered manager agreed to review communications with health professionals to ensure they were more effective and timely in future.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to work within the principles of The Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We observed staff seek consent before they supported people.
- Care plans showed us that consent, best interest decisions and people's legal status such as Last Power of Attorney was well understood, and processes followed. An example of this was in the usage of covert medicines.
- Staff had received training in the application of the MCA and were observed putting this into practice.
- Care plans showed evidence of DoLS being applied for.
- The manager had understood their responsibilities in terms of making applications for DoLS to the authorising authority and once granted making notifications to us about those applications.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into the service and then developed into a care plan. Assessments and care plan described people's dementia and the type diagnosed and how this may impact upon the individual.
- Some families told us they were consulted to develop a person-centred approach. One relative wished to be further involved to share their knowledge of their relatives likes and dislikes and this was fed back for the manager to action.
- Assessments completed considered principles of human rights, equality and diversity.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to treat people with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Matters have improved, and the service is no longer in breach of regulation 10.

- At the previous inspection we had concerns about how people were treated, how staff interacted and how people looked unkempt. At this inspection this had improved.
- We saw a staff group quick to respond to peoples presenting needs. When people presented in a distressed state or their clothing did not afford them dignity staff intervened promptly.
- We observed the deputy manager was a positive role model to staff and was present and supportive to staff in making suggestions to more positively manage situations that arose.
- One person using the service told us about the staff and how they were treated, "They're really very good, nice people," We asked a relative if they thought staff were caring and they told us, "Oh yes, they do a good job looking after [name of relative]."

Supporting people to express their views and be involved in making decisions about their care

- We observed staff knocking on bedroom doors and seeking permission to enter or permissions to move items to clean rooms. Staff were respectful in their interactions and treated people well.
- People were involved in making decisions about their care on a day to day basis. We saw people being offered simple choices around meals and drinks. Some relatives told us they were involved and consulted on behalf of their relative. Due to the complex nature of some people's dementia consultation was more of a challenge.
- Relatives told us that there were relatives meetings held, but we did not speak with anyone who had attended. The registered manager stated that meetings were poorly attended and that they would continue to encourage involvement and attendance.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to provide care and support that met people's needs and preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation 9 (1).

- Care plans in place were extensive. We found them to contain repeat information and hard to navigate to find the key information required. The provider was aware of this issue and agreed that a review of the format would be beneficial.
- The review format for care plans was confusing. This did not follow a pattern. For example; most care plan booklets had a review section but there was also a separate evaluation sheet for the care plans meaning one was completed but not the other, sometimes both and sometimes neither. We saw little to demonstrate people, or their families had been involved other than where families had provided hand written notes. When we asked a relative if they had been consulted or involved they told us, "No, we were never asked that. I was expecting them to, but they didn't."
- Activities were still lacking and not person centred. People still spent long periods of time sitting and unoccupied. One activities person had very recently been appointed. This person showed promise telling us about plans and relatives were complimentary about the promise of things to come. There were plans to increase the number of hours allocated to activity staff further.

#### End of life care and support

- All aspects of people's lives require planning, and this includes end of life care planning for people. People's wishes of planning ahead and advanced decisions on treatment were not consistently recorded, with families routinely involved as appropriate. People's beliefs and wishes were not consistently known.
- We saw that some people had appropriate medicines prescribed to support them at the end of their life should they require them. Not all nursing staff had end of life training in place. The registered manager agreed this was an area still to be developed and the deputy manager had knowledge and experience to develop end of life care further to benefit people and their families.
- There were known systems in place with regards to people's resuscitation wishes and decisions were appropriately recorded on known paperwork, such as forms published by the Resuscitation Council that

were recognised by health and social care professionals.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs assessed appropriately and this formed part of the care planning. People with sensory loss such as hearing were supported with hearing aids, opticians visited, and speech and language therapists were consulted where needed.

#### Improving care quality in response to complaints or concerns

- There were known complaints systems and procedures in place. The procedure was displayed.
- Relatives said that they felt able to speak to the registered manager. People knew who the manager was. Two relatives thought they could be more visible and available to them.
- We saw evidence that complaints received were taken seriously to improve the service where possible and appropriate actions with records were in place.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. At our last inspection the provider had failed to ensure systems and processes operated effectively to achieve compliance in the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Significant progress has been made, plans are still in place to improve and the service is no longer in breach of regulation 17.

- There was an honesty and acceptance that this service provision had fallen short of what it should have been. The provider had mobilised resources to address these short falls. Improvements have been made but these were not all completed as yet and not fully embedded. Additionally, we found matters that required bringing to the attention of the provider to ensure action such as the showers and air conditioning not working. Investment in the environment and repair is still needed.
- The registered manager with support had addressed the culture of bullying that we reported in the last report. Action had been taken where required and staff have been supported with access to human resources personnel. Staff morale had improved.
- Relatives could see the improvements that had been made and cited new key personnel who had been appointed as positive. One relative said, "I think the carers are excellent, I cannot fault that, they work hard and try their best." Another said that they would recommend the service to others.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvements had been made. The service was more organised, nurses were not 'overwhelmed' as previously reported. Records were more securely stored, and quality audits were effective.
- The registered manager completed audits and monitoring of the service and this culminated in a monthly report that was fed up the organisation for the provider to have oversight. Actions were taken where concerns came to light. For example, developing a falls strategy in response to an increase of falls in the month of May 2019.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was a degree of involvement of people and relatives. Relatives did respond to questionnaires and satisfaction levels appear to have gone up of late. Meaningful involvement in care planning and reviews needs further development. Along with encouragement in relation to attending relatives' meetings and the running of the service.
- A three year environmental improvement plan in place that identifies painting, decorating, replacement of furniture and soft furnishings and improvements to the garden area. This plan has been developed by the registered manager in consultation with people, relatives, staff and senior managers in the organisation.
- There were not strong links with the local community beyond relationships with key organisations.
- The service worked in partnership with health and social care professionals who were involved in people`s care.

#### Continuous learning and improving care

- The service had recently been inspected by the food standards agency and had matters highlighted to be addressed. These were being worked upon to win back the previously good rating.



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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had failed to provide care and support that met people's needs and preferences. This was an ongoing breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
	How the regulation was not being met: The provider had failed to ensure premises and equipment was appropriate and suitable for purpose. This was an ongoing breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.