The Mills Family Limited

Fairlight & Fallowfield

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 was an unannounced inspection which took place on the 8 December 2014. At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

Fairlight & Fallowfield provides nursing and residential care for older people within two separate sections of the home. The home is located in Chislehurst, Kent and at the time of our inspection there were 47 people using the service.

During our inspection we found that the provider had breached a legal requirement in relation to consent. You can see what action we told the provider to take at the back of the full version of the report.

Medicines were not always recorded appropriately. Medicines bottles, packaging and boxes were not labelled

Summary of findings

appropriately with the date of opening recorded. This meant that medicines administered may not be safe and fit for use. We have made a recommendation about the management of some medicines.

Mental capacity assessments were not always effective and sufficient in detailing the outcome of assessments conducted and the involvement of people using the service. Care plans did not always show consideration had been given to restrictions on people's liberty or if decisions were made in their best interests.

The provider had safeguarding policies and procedures in place to guide best practice. Staff were aware of the provider's safeguarding policies and procedures and how to report their concerns appropriately.

We observed there were sufficient numbers of staff to ensure that people were kept safe and well. Records showed staffing levels were analysed by establishing the dependency levels and needs of people using the service.

Safe and appropriate staff recruitment procedures were in place to ensure that staff were suitable to work with people using the service. Required checks were conducted before staff were allowed to work at the home.

Staff were supported appropriately and offered guidance on best practice through regular supervision and annual appraisals. Staff received regular supervision with line managers every six to eight weeks.

People were supported to maintain good physical and mental health and had access to health and social care professionals when required.

Staff displayed kindness, compassion and respect toward people using the service and addressed people by their preferred names. Staff asked people's permission before providing any care and support.

Care records demonstrated that staff supported people to access community services and practice their religion or cultural needs. They showed that people and their relatives had been consulted about how they wished to be supported and were involved in decisions about their care and support.

We observed that staff were responsive to people's needs and in cases where people were not able to vocalise their choice or when they required support, staff communicated using methods suited to individuals.

The provider's had a complaints policy and procedure in place. People using the service and their relatives told us they would know who to speak with and how to make a complaint if they needed. People told us they felt confident in making a complaint.

The provider had systems in place to evaluate and monitor the quality of the service provided although they had not identified the issues we found at the inspection. They regularly surveyed people's views through quality assurance satisfaction surveys and regular residents meetings that were held to provide people with an opportunity to provide feedback on the service.

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?
The service was not always safe.

Medicines packaging was not labelled with the date of opening recorded. Medicines were administered and stored appropriately.

There were safeguarding adults from abuse procedures in place and staff knew what steps to take in recognising, responding and reporting concerns.

There were systems in place to monitor the safety of the environment and equipment used within the home. Maintenance records confirmed checks and work was carried out.

There were safe and appropriate recruitment procedures in place that ensured staff were suitable to work with people using the service.

Requires Improvement

Is the service effective?
The service was not always effective.

Mental Capacity Assessment (MCA) did not always detail outcomes of assessments and there was no evidence of people's involvement. Care plans did not always effectively demonstrate where a decision had been made or a restriction on people's liberty was made was in their best interest. People's resuscitation preferences were not always clear or recorded appropriately.

There were appropriate staff training programmes in place and staff were supported through regular supervision and annual appraisals.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs.

People were supported to maintain good physical and mental health and had access to health and social care professionals when required.

Requires Improvement

Is the service caring?
The service was caring.

People were treated with dignity and respect and we observed positive interactions between staff and people using the service.

People were supported to dress appropriately with choice and dignity and staff sought consent before offering assistance.

Staff were knowledgeable with regards to people's needs in relation to their disability, race, sexual orientation, culture and gender.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

Staff were responsive to people's needs and in cases where people were not able to vocalise their choice staff communicated effectively using methods suited to individuals.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

Is the service well-led?

Requires Improvement

The service was not always well led.

Although the provider had procedures in place to evaluate and monitor the quality of the service provided we found that these were not always followed or were effective. The provider did not always ensure that processes were followed to protect against key identified risks described in this report.

People and their relatives were asked for their views about the service through resident and relatives meetings and through satisfaction surveys.

There were processes in place for reporting incidents and accidents and records we looked at showed these were being followed.

Fairlight & Fallowfield

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.

Prior to the inspection we reviewed the information we had about the service and information sent to us by the provider, about the staff and people who used the service. Before the inspection the provider completed 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. We spoke with commissioners of the service and local safeguarding teams to obtain their views.

The inspection team consisted of two inspectors a specialist advisor 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. There were 47 people using the service on the day of our visit. We spoke with 19 people using the service, eight visiting relatives and one visiting professional. We looked at the care records for 12 people using the service and three staff records. We spoke with 13 members of staff including the registered manager, unit manager, care workers, senior care staff, nursing staff, chef, maintenance worker and domestic staff.

Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

As part of our inspection we looked at areas of the building, including some people's bedrooms with their permission and all communal areas. We observed how people were being supported with their meals during lunchtime and tested the call bell system. We also looked at records relating to the management and monitoring of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said "Everything is safe here." Another person told us "I feel very safe. All the staff are kind and helpful." Visiting relatives told us they were happy with the care provided and stressed that they felt their family members were safe". One person said "I have been visiting the home for a long time and have never had any problems or concerns." However we found an issue with medicines that required improvement.

Medicines were stored appropriately and records were kept of medicines received, administered and disposed of. However medicines were not always labelled as appropriate. For example medicines bottles, boxes and packaging were not labelled with the date of opening recorded. This meant that medicines administered may not be safe and fit for use.

We observed the medicines round at lunchtime and saw that medicines were administered and handled safely by staff. Staff addressed people by their preferred name and explained what their medicine was for. MAR charts were completed appropriately with staff signatures recorded. Records we looked at were accurate and up to date and medicines that had been signed for as given corresponded with the amount of medicines left. Medicines were stored safely. The temperature of medicines rooms and refrigerators were monitored to ensure medicines were stored correctly. There were protocols in place for the use of PRN (as required) medicines and we noted staff had access to the British National Formulary (BNF) guide for reference on medicines used and safe administration.

People were safe. The provider had safeguarding policies and procedures in place to guide best practice and staff were aware of the provider's policies and procedures and how to report their concerns appropriately. Staff knew what steps to take in recognising, responding and reporting incidents, accidents and abuse and were clear about the provider's whistleblowing policy. They told us they received training in safeguarding adults on an annual basis and records confirmed this. During our inspection we noted safeguarding posters displayed on noticeboards throughout the home to advise people using the service on how to report concerns and who to contact. Staff we spoke with told us they used this for reference as well.

The premises were kept clean and were adequately maintained. People's rooms and communal areas were tidy and free from odours. We noted that during our visit decorators were on site painting areas of the home that required redecoration. The environment and corridors were kept free from any potential hazards. However we noted there was a lack of signage in the home which could cause unnecessary confusion and anxiety for some people using the service. It was unclear which section of the home you were located in and how you could access other areas within the home. We spoke with the manager who advised they would address this concern.

There were systems in place to monitor the safety of equipment used within the home. Maintenance records showed work was carried out on equipment by external contractors and internal maintenance staff. Records were up to date with items listed and recorded as completed. Legionella testing, health and safety, equipment, electrical, gas and maintenance checks were completed.

There were procedures in place to deal with foreseeable emergencies. Care plans contained personal emergency evacuation plan's (PEEP) which provided guidance to staff and emergency services on how to support people to safely evacuate the premises in an emergency. Fire alarm tests were carried out on a weekly basis and fire drills were conducted on a monthly basis.

Safe appropriate staffing recruitment procedures were in place. Required checks were conducted before staff were allowed to work at the home. Staff files contained photographic identification, disclosure and barring checks, references, induction, employment history, training and an employee handbook. Staff told us that when they applied to work at the home they completed a job application form, were shortlisted and had attended a face to face interview prior to being offered a position. One member of staff who was relatively new to the home described the induction training they had undertaken when they started work. They told us this included being trained to use equipment such as hoists and were training in fire safety.

People using the service and visiting relatives told us there were enough staff to meet their needs. One person said "There is always someone around to help. I never have to wait long." One relative told us "Whenever I visit there always seems to be plenty of staff around. I have never had to wait long to speak with someone." Records showed staffing levels were analysed by establishing the

Requires Improvement

Is the service safe?

dependency levels and needs of people using the service. Staff rota's showed there were two nurses and five care staff working in the nursing unit and one senior care worker and four care staff working in the residential unit of the home. We observed there were sufficient numbers of staff working to ensure that people were kept safe and well.

Care plans and records showed that identified risks to people using the service were safely managed. There were detailed risk assessments covering common areas of potential risks for example, skin integrity and pressure ulcers, malnutrition universal screening tool (MUST), and falls. Care plans were reviewed on a monthly basis in line with the provider's policy and changes to the level of risk were recorded with actions identified to minimise risks. Guidance for staff on areas of highlighted risk was evident. For example one care plan detailed how a person could become frustrated when staff supported them with tasks. There was guidance for staff in managing their behaviour including behavioural and mood charts which were monitored. Moving and handling needs were recorded appropriately and people at risk of falls were identified with appropriate steps taken to reduce the risk.

We recommend that the service refers to current best practice, in relation to the safe recording and management of medicines.

Requires Improvement

Is the service effective?

Our findings

People told us they were involved in the decisions about their care and were able to voice their preferences. One person said "I prefer to wake later in the mornings and staff support me with this." Another person told us "I can see the doctor when I want to and staff help me to keep my hospital appointments." One visiting relative told us "I am very much involved in my relatives care. If there are any problems staff always inform me and I am also invited to meet with the doctor when they visit." However we found that consent was not always sought and recorded in a way that protected people's rights.

Care plans contained mental capacity assessments where appropriate and applications for Deprivation of Liberty Safeguards (DoLS) were made in accordance with the Mental Capacity Act 2005 to deprive people of their liberty where necessary to prevent harm. However, we found that MCA records were not always sufficient in detailing the outcome of the assessment and evidence of people's involvement in the assessment was not always recorded. For example in three care plans we looked at it was not clear if the person had been assessed as having capacity in relation to the posed decision and in another care plan one person was assessed as having capacity but evidence of their involvement in the decision about their care was not recorded. We also noted that one person had been assessed as having capacity to make decisions about their medical care however their mental capacity assessment recorded that their doctor would make all clinical decisions on their behalf. Care plans did not always demonstrate if restrictions on people's liberty were in place or had been considered. For example people's resuscitation preferences were not always clear or recorded appropriately. Three care plans we looked at had 'do not attempt resuscitation' (DNAR) forms included however they did not evidence the involvement of people in the decision or their representatives where appropriate. This meant that people using the service may be at risk of receiving unsafe or inappropriate care and treatment.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager and a unit manager who were aware of the Supreme Court for England and Wales ruling in March 2014, in relation to the meaning of the Deprivation of Liberty. At the time of our inspection there was one standard authorisation for DoLS in place. Records had been completed appropriately and confirmed the authorisation was in place. Staff we spoke with were aware of people's capacity and the support they required if they were independently unable to make decisions. Staff training records confirmed staff had received training in MCA and DoLS.

People were supported by staff that had appropriate knowledge and skills to meet their needs. People we spoke with told us staff were very knowledgeable about their work and were aware of their preferences. One person said "I have my own way of doing things. Staff are aware of my ways and choices and support me with this." Another person said "Staff are lovely. They know just how to help me."

Staff members new to the home completed an induction training programme which included working alongside an experienced member of staff. Staff we spoke with told us the training they received to do their job was effective. Training provided to staff included health and safety, manual handling, first aid, dementia, medication, food hygiene, safeguarding and whistleblowing and fire safety amongst others.

Staff told us the home encouraged them to undertake National Vocational Qualifications (NVQ) in health and social care. One person said, "The training is very good and the management have supported me to do my NVQ."

Staff were supported appropriately and offered guidance on best practice through regular supervision and annual appraisals. Staff we spoke with told us they had regular supervision with line managers every six to eight weeks. They told us this included one to one supervision as well as group supervision sessions where new policies and procedures might be considered or the use of new equipment explained. For example one member of staff described how a new observation chart was introduced at these sessions so staff were familiar with its use. Staff also confirmed that they had an annual appraisal each year which they found very useful. Staff files we looked at demonstrated that supervision and appraisals were conducted on a regular basis and offered support to staff.

Requires Improvement

Is the service effective?

We observed people were provided with sufficient amounts of foods and drink throughout the course of the day to meet their needs. People we spoke with told us they enjoyed the meals provided and there was choice. One person told us “They do very well as they cater for a lot of people and the food is good.” Another person said “There is always plenty of food and choice.” One person we spoke with preferred to eat in their room. They told us that staff accommodated them and their food was always served quickly and hot.

The head chef told us that menus worked on a rotation basis and staff recorded people’s meal choices the previous day in preparation for them to cook. Kitchen staff were knowledgeable about people’s special diets and needs and worked to accommodate them. The Food Standard Agency visited the home in June 2014 and rated them five stars. Pictorial menus were displayed on tables within each dining room and we observed staff supported people appropriately to eat and drink sufficient quantities to meet their needs. Staff were knowledgeable about people’s individual needs and who required support with eating. For example we saw staff supporting people who required support to cut their food.

People using the service told us they were supported to maintain good physical and mental health and had access to health and social care professionals when required. One person said “The doctor visits often and I can see them if I want to.” Comments from visiting relatives were positive. One person said “Staff always inform me if there are concerns and I am always consulted about everything.” Another person told us they had been asked to come to the home to meet the visiting doctor who wished to speak with them. They told us they were very pleased to be invited to discuss their relative’s physical health. Visits by the local doctor and other health professionals such as the chiropodist and community psychiatric nurses were recorded within people’s care plans which guided staff to meet people’s needs appropriately.

Good

Is the service caring?

Our findings

People were treated with dignity and respect and we observed positive interactions between staff and people using the service. One person said "I like my quiet time and staff respect that. I also like to go out to church and to 'walk with the Lord' and they respect that. Staff know me well."

Visiting relatives told us that their loved ones were treated well and staff were caring, responding to their views and how they wished their needs to be met. One person told us that staff were "unflappable" and they "go the extra mile". Another relative told us how they supported their loved one to participate in activities by supporting them to mobilise their power chair around the building. They commented "The staff are so caring and we are so fortunate here."

We observed staff displayed kindness, compassion and respect toward people using the service and calling people by their preferred names. We saw that staff asked people's permission before providing any care and support and saw a member of staff allowed one person the time and space to independently mobilise safely into another room. Interactions between staff and people were positive and we saw people freely using communal areas throughout the home to socialise and participate in on going activities. We noted communal areas were warm and inviting with a relaxed and friendly atmosphere.

People were supported to dress appropriately with choice and dignity and we observed staff sought consent before offering assistance. One person we spoke with told us "I like to have my clean clothes each morning, and then sleep in them at night, knowing I'll change them in the morning. That's my system and staff respect that." People's personal preferences were respected. A visiting relative told us "I'm very pleased staff respect my relative's privacy and they treat their room as their home." Staff knocked on people's doors before entering their rooms and sought permission to enter.

Staff were knowledgeable about people's needs in relation to their disability, race, sexual orientation, culture and gender. For example one visiting relative told us that their loved one was no longer able to speak. They told us how staff used body language and prior knowledge of their persona to communicate and explained that staff used touch and expressions of affections which they liked. They said "Staff still talk to her all the time and touch and hug her. They know exactly how to relate to her. They are so loving." Another relative told us how staff supported their relative's spiritual needs by incorporating these into their care plan and by playing religious CDs and spending time reading to them from religious texts. Staff supported people to access community services and practice their religion. They also showed that people and their relatives had been consulted about how they wished to be supported and were involved in decisions about their care and support.

Staff had a good understanding of people's individual needs and preferences and how they were best able to support people to meet them. One member of staff told us "Most of the staff have been working here for years. We are a good stable team so we really know everyone well, there just an extension of our family." One person said "It really is like home. They look after me like my mother."

People and their relatives told us they were encouraged to express their views about the home and felt they were listened to. One person said "If ever there are any issues I just tell them and they sort it for me." Allocated staff key worker roles were in place which promoted staff engagement with people and their families and included detailed tasks staff undertook with people and communicating with their relatives. Records we looked at showed that regular 'residents meetings' were conducted. Meetings were held with residents on a quarterly basis and encouraged participation in the life of the home. We noted that actions identified had been followed up. For example we saw that fresh fruit was available to all residents during the day as had been requested at a previous meeting.

There were arrangements in place to meet people's end of life care needs and record any advance directives people had in place. We saw evidence that the home worked well with health care professional and used the Gold Standards Framework (GSF) when supporting people at the end of their life. GSF is a systematic evidence based approach to optimising care for all people approaching the end of their life. Staff we spoke with told us that end of life care plans were completed with individuals and their relatives where appropriate.

Good

Is the service responsive?

Our findings

People received care and support that was planned and responsive to their needs. People spoke positively about the staff and the care they received. One person said "I don't like being shut in [by closing the bedroom door] and staff remember this. They put a sign on my door to let people know not to close it." Another person told us they were supported by staff to be able to continue to attend a weekly community club. They commented "I'd give them ten out of ten here."

Care plans were detailed and included a personal history of individuals which provided key information about the person, their preferences and how best staff should support them. Care plans included sections about people's needs in relation to personal hygiene, mobility, social and spiritual needs, end of life care and care of financial issues. People using the service or their representatives had been involved in the development of their care plan with records signed by people in agreement to their care and signed at monthly reviews that were conducted.

People's preferences were reflected in their care plan. For example one care plan stated that the person liked to wake up very early in the morning and have a cup of tea. It also stated that they preferred to wear certain garments despite the weather. We saw that care plans were reviewed on a monthly basis with people's participation. For example one care plan we looked evidenced that the individual had been involved in the review and had signed in agreement with the desired outcome. Care plans and records had been reviewed and updated on a regular basis ensuring they were reflective and responsive to the care and support people required.

We observed that staff were responsive to people's needs and in cases where people were not able to vocalise their choice or when they required support, staff communicated effectively using methods suited to individuals. For example we saw one member of staff assisting someone to use the bathroom as they had observed the persons mood and body language which indicated that this is what they wanted. A visiting professional told us they visited the home on a regular basis to accompany a resident's son so they were able to visit their mother. They told us how staff had made an effort to get to know the residents son and encourage his regular visits which made them both very happy.

We tested the call bell system within the home and noted staff response times were quick. The registered manager analysed call bell response times on a regular basis and these demonstrated staff were responsive to people's requests for support. People we spoke with confirmed that staff were responsive to their request and one person said "I never have to wait too long, even when they are busy they still come quickly."

People using the service spoke positively about the homes activity schedules. Comments included, "They make me realise I'm not dead yet", and "I really enjoy the puzzles they make me think and keep my brain active", and "I really enjoy the outings. It's great getting out." During our visit we observed several people watching a film which they had requested, people playing scrabble and others completing puzzles.

A range of activities were provided to ensure that people were supported to engage in meaningful activities that reflected their interests and supported their physical and mental well-being. We spoke with the activities coordinators who worked to develop a programme of scheduled activities and took time to involve and ask people what they liked or preferred to do. They produced a regular newsletter which detailed planned activities and listed peoples birthdays for the month which were celebrated within the home.

The provider's complaints policy and procedure was on display within the home. People and their relatives told us they would know who to speak with and how to make a compliant if they needed to. People told us they felt confident in making a complaint and they would be listened to. One person said, "I would about tell everybody if I wasn't happy with something." Another person told us "I don't remember anything ever being wrong but if there was I know they would do something." We looked at the home's records for the handling of complaints received and saw that when complaints or concerns were raised they were acted upon, investigated and a response was sent to the complainant. Complaints received were reviewed by managers and analysed so that improvements could be made to the care and support people received.

Requires Improvement

Is the service well-led?

Our findings

Although the provider had procedures and systems in place to evaluate and monitor the quality of the service provided we found that these were not always followed or were effective in ensuring the quality of care people received. For example following safe best practice in relation to the management of medicines and ensuring that the Mental Capacity Act Codes of Practice were adhered to.

We looked at the systems used within the home to assess and monitor the quality of the service. These included monthly audits and service monitoring visits conducted by the regional manager. Audits conducted included maintenance checks, health and safety, care plans, reviews of care plans and medicines amongst others. Quality service questionnaires completed by people using the service and their relatives were also conducted on a regular basis. We also reviewed the provider information return (PIR) which identified some areas requiring improvement. Audits and monitoring reports we looked at confirmed that checks were conducted on a regular basis and audits we looked at had identified areas requiring improvements.

There was a registered manager in post at the time of our inspection and a full complement of staff. We noted that staff retention was good with many staff who had been working at the home for several years. This promoted continuity in the care and support provided and enhanced the quality of care to people using the service.

The home had a learning culture that promoted good practice with staff and ensured effective communication with people using the service and their relatives. Relatives told us they felt comfortable and happy raising any concerns they may have. Relatives who had raised issues with the provider told us they were happy with the response from management and the issues were dealt with appropriately. We observed that senior staff took an active role in the running of the home and had good knowledge of people using the service and their staff. For example staff we spoke with confirmed that the manager and senior members of staff were approachable and led the team well. One staff member told us "We work very well as a team. If there are any problems we always talk about them." Records demonstrated staff meetings were held on a regular basis providing staff with the opportunity to discuss any issues or concerns.

People using the service and their relatives were asked for their views about the service through resident and relatives meetings and through 'quality assurance satisfaction surveys'. Records we looked at showed residents meetings were held quarterly and minutes of meetings demonstrated that people participated in the agenda and had opportunities to voice any concerns or requests. One person said "They ask our opinion all the time."

Resident and relatives satisfaction surveys were conducted on a frequent basis. We looked at the results covering the months of January to June 2014. Results were positive showing that people using the service in one unit of the home were 76% happy with the overall care and support they received. Action plans were developed to address areas of concern or improvements that were required. There were also systems in place to monitor and evaluate the end of life care people received. The home worked closely with a local hospice and used a tool 'Perception of Care and Quality'. This provided the opportunity for family members of people using the service to feedback to the provider about their relative's end of life care. Results showed that during the months between September 2013 and February 2014 relatives were very positive with regards to staff showing their family members dignity at the end of their life and that staff were supportive and comforted people during the difficult time.

Staff communication books were in place and located in each unit of the home so concerns or issues were passed to staff when they started their shifts. This ensured that staff were aware of people's needs at any given time and that appropriate care was provided. There were processes in place for reporting incidents and accidents and records we looked at showed these were being followed. All incident and accident reports included details of the incident or accident and any follow up action required. Accidents monitoring and falls analysis were conducted on a regular basis and referrals to health and social care professionals were made were appropriate. Records demonstrated that the service had good links with community health and social care professionals to promote people's well-being.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **The provider did not always have suitable arrangements in place to obtain and act in accordance with the consent of people using the service.**