Care Quality Commission

Carewell Healthcare Ltd

St Mary's Care 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

Overall summary

We inspected St Marys Care Home on 28 January and 3 February 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

St Marys Care Home is a purpose-built nursing home, which can accommodates up to 54 people. The home provides services for people who require personal and nursing care and, provides for people who are recuperating from illnesses or accidents and may require a short stay.

At the time of this inspection the registered manager had recently left her position although she remained temporarily at the home in the capacity of clinical lead until 29 January 2015. An acting manager had been appointed on 1 February 2015 but was not yet the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Summary of findings

People were protected from the risk of abuse. The care staff we spoke with understood the procedures they needed to follow to ensure that people were safe. They had undertaken training and were able to describe the different ways that people might experience abuse. Staff were able to describe what actions they would take if they witnessed or suspected abuse was taking place.

During the inspection we found that the provider had commenced completing a range of processes designed to monitor and assess the ongoing performance of home such as audits. However these had recently been introduced and others had yet to be completed. Those we saw such as the medication audit were comprehensive and critically evaluated the service. We found that this review had led to action plans being developed which had significantly improved the performance in this area. However we had insufficient evidence to determine whether all of the processes that had been introduced would be effective in sustaining ongoing compliance with the regulations.

Staff had been reviewing and updating all of the records maintained at the home such as care records, audits, policies and training information but this work was not complete. We found that where records such as care files had been reviewed these provided accurate information and were very informative. Those records which had not yet been completed, such as approximately a third of the care files, provided insufficient and inconsistent information needed to meet people's needs.

We found that peoples' rights under the Mental Capacity Act (MCA) 2005 legislations were not always protected. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Deprivation of Liberty Safeguard (DoLS) authorisation is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that DoLS applications had been made routinely to the local authority instead of being a demonstrable need. We also found that records were contradictory which may have mislead staff or others supporting people to make inappropriate decisions about their care and welfare on their behalf. We drew these to the attention of the acting manager.

The interactions between people and staff that were jovial and supportive. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity. People told us they liked living at the home and that the staff were kind and helped them a lot.

Staff had received a range of training, which covered mandatory courses such as fire safety as well as condition specific training such as diabetes, end of life care and other physical health needs. We found that the staff had the skills and knowledge to provide support to the people who lived at the home. People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. We saw that ten staff routinely provided support to people who used the service during the day and five staff provided care overnight.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw that people living at St Marys were supported to maintain good health and had access a range healthcare professionals and services. We saw that people had plenty to eat and were assisted to select healthy food and drinks. We saw that each individual's preference was catered for and staff ensured that each individual's nutritional needs were met. Staff monitored each person's weight and took appropriate action if concerns arose.

We saw that the provider had a system in place for dealing with people's concerns and complaints. People we spoke with told us that they knew how to complain and but did not have any concerns about the service.

We found there were multiple of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and under the Care Act 2014.

Summary of findings

You can see what action we took at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew what to look for as signs of potential abuse and how to report any concerns. Staff were able to assess situations and take action to reduce potential risks.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Effective systems were in place for the management and administration of medicines. Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Requires Improvement

The service was effective but improvements were needed.

The provider had not appropriately implemented the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

People were provided with a choice of nutritious food, were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good

This service was caring.

People told us that staff were supportive and had their best interests at heart. We saw that the staff were very caring, discreet and sensitively assisted people with their care needs.

Throughout the visit, staff were engaging people in conversations and these were tailored to individual's preferences. Activities were being provided.

People were treated with respect and their independence, privacy and dignity were promoted.

Is the service responsive?

Requires Improvement

The service was responsive but improvements were needed.

Staff assessed people's care needs and produced care plans, which identified the support each person needed. These plans were tailored to meet each individual's requirements but some were not updated to make sure they were still appropriate.

Summary of findings

We saw people were encouraged and supported to take part in activities both in the home and the local community.

The people we spoke with knew how to make a complaint. They told us they had no concerns. Staff understood the complaint process and the acting manager took all concerns seriously.

Is the service well-led?

Requires Improvement

The service was well led but improvements were needed.

Management at the home had changed and the new appointee was not yet registered with CQC in accordance with the provider's registration conditions.

Staff told us they found the acting manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

Systems in place to monitor and improve the quality of the service provided. These had been introduced and were yet to be fully tested.

Staff told us that the home had an open, inclusive and positive culture.

St Mary's Care Home

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 28 January and 3 February 2015 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. We reviewed notifications that we had received from the service and a recent report from the County Durham Infection Control Team. We also reviewed information from people who had contacted us about the service since the last inspection, for example, people who wished to compliment or had concerns about the service.

Before the inspection we obtained information from a Strategic Commissioning Manager and Commissioning Services Manager from Durham County Council, a Commissioning Manager and an Adult Safeguarding Lead Officer from Durham and Darlington Clinical Commissioning Group, Safeguarding Practice Officer and Safeguarding Lead Officer of Durham County Council and a Lead Infection Control Nurse.

During the inspection we spoke with the 14 people who used the service and six relatives. We also spoke with the acting manager, the clinical lead nurse, two nurses, two senior care staff, three care staff, the cook, administrator and two domestic staff.

We spent time observing people in various areas of the service including the dining rooms and lounge areas.

We were shown around the premises and saw some people's bedrooms, bathrooms, and the laundry room, kitchen and living and dining areas.

We also spent time looking at records, which included people's care records, and records relating to the management of the home.

During the inspection visit we used pathway tracking to review people's care plans, four staff training and recruitment files, a selection of the home's policies and procedures and infection control records.

Before the inspection we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

We asked people who used the service and visiting relatives what they thought about the home and staff. People told us that they found the staff very welcoming and were confident they or their loved ones would be well cared for and safe. People said, "I know that I'm in safe hands – I don't know how I would have coped at home, I had an accident went to hospital so it's much better that I'm here." Relatives told us, "We are very happy that [our relative] is here and the [clinical lead] has made sure my [relative] has got the care she needed."

We examined the recruitment records of four staff who had recently been appointed by the provider. These showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. All of these checks were used to ensure that those living at the home were supported by staff who were suitable to work with vulnerable people.

We found that there were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. Arrangements were in place for the safe and secure storage of people's medicines.

Senior staff were responsible for the administration of medicines to people who used the service and had been trained to safely undertake this task. People we spoke with told us that they got their medicines when they needed them.

We found that information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way.We saw that the acting manager and clinical lead nurse had been regularly auditing the medication administration records and stock. They had used this information to ensure staff consistently adhered to best practice. We saw that this system promptly identified medication errors and ensured that people received their medicines as prescribed.

The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff outlined to us what they needed to do in the event of a fire or medical emergency. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

We looked in a sample of bedrooms, bathrooms and communal rooms and found these areas had received a programme of repair, maintenance and redecoration. At the time of the inspection there was on-site maintenance staff based at the home. The acting manager told us that there was a process, which she regularly checked, to make sure known faults and areas that required improvement were immediately notified and action taken to make sure they were repaired. Minor repairs issues which were drawn to the attention of the acting manager, were attended to by external contractors whilst the inspection was taking place.

The staff we spoke with were all aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the acting manager would respond to any concerns. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had a safeguarding policy that had been reviewed within the last 12 months. We found that the registered manager took appropriate action to raise issues with the relevant agencies when this was needed.

Staff told us that they had received safeguarding training and completed refresher training on a regular basis. We saw that staff had completed e-learning safeguarding training this year. Staff had also completed a range of training designed to equip them with the skills to deal with all types of incident including medical emergencies.

The provider had appointed an infection control champion and we saw examples of regular checks being carried out to make sure the home remained clean and hygienic. We saw that infection control practices at the home were routinely taking place and activities such as routine and deep cleaning of all areas supported service users' health and wellbeing.

Good

Is the service safe?

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We reviewed five people's care records and saw that staff had assessed risks to each person's safety. Risk assessments had been personalised to each individual and covered areas such as falls, pressure care and mobilising. The accompanying support plans ensured staff had all the guidance they needed to help people to remain safe. Staff we spoke with could discuss the contents of the plans and the actions that needed to be taken to minimise risks.

Through our observations and discussions with people as well as staff members, we found generally there were enough staff on duty to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was the case. Two nurses and eight care staff were on duty during the day and one nurse and four staff were on duty overnight. There were contingencies in place in circumstances where staff requested unplanned leave at short notice to cover for example unexpected sickness.

We found that the regional manager was in the process of designing a tool, which would use information about people's needs to determine what number of staff could meet people's needs. The acting manager and clinical lead nurse told us that additional staff had been brought in where people's needs changed and more support was needed. The rotas we reviewed showed there was this flexibility in staffing complement.

Requires Improvement

Is the service effective?

Our findings

We spoke with people who used the service and relatives told us they had confidence in the staff's abilities to provide a good care service. People said, "I'm particularly impressed with the staff. You only have to tell them about something once and they all follow suit." "You can't fault them [staff], if something happens say someone falls ill they are straight onto it." And, "I feel very lucky to be here."

We spoke with staff and the acting manager about Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Deprivation of Liberty Safeguard (DoLS) authorisation is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We looked at three people's records which showed that DoLS applications had been made to the local authority. The acting manager was unsure why these applications had been made and admitted that sometimes they occurred as a matter of routine rather than when people needed them. We looked at one person's records which showed that a DoLS assessment and application had been made but was not granted by the local authority. However their care plan had not been updated and stated, "Deprivation of Liberty in place" when this was not the case. Another person's care plan stated, "Depravation of Liberty in place" but a report from their community psychiatric nurse stated, "[The person] had capacity but a major life changing decision would need to be discussed on the day." We drew these to the attention of the acting manager who agreed that these records gave unclear guidance to staff and she would be reviewing all DoLS applications at the home.

This was a breach of Regulation 18 (Consent to care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and Regulation 11 (Need for Consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. One staff member said, "The manager has really sorted out the training and we've been taking courses that are very useful and really does help us do our jobs." Staff were able to list a variety of training that they had completed such as End of life care, catheter care, moving and handling, first aid, and safeguarding. Staff told us they felt able to approach the management team if they felt they had additional training needs and gave examples of when they had done so.

We confirmed from our review of staff records that staff had completed mandatory training and condition specific training such as managing diabetes and other physical health conditions. Staff told us their training was up to date, which we confirmed from our review of records. This included: fire, nutrition, infection control, first aid, medicines administration, and food hygiene. We also found that the provider completed regular refresher training for other courses such as health and safety and safeguarding vulnerable adults.

We saw that staff who had recently commenced work at the home completed an induction programme when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff.

Staff we spoke with during the inspection told us they had recently started to receive supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The acting manager told us that they and senior staff had now set up supervision sessions with all staff so it would be carried out at least five times a year. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that these had taken place.

We observed the meal time experience. We observed that people received appropriate assistance to eat. People were treated with gentleness, respect and were given opportunity to eat at their own pace. We saw that the meals were plentiful and looked appetising. During the meal the atmosphere in each dining area was calm and staff were alert to people who became distracted or became sleepy and were not eating. People were offered choices in the meal and all the people we observed enjoyed eating the food.

Staff maintained accurate records of food and fluid intake and were seen to update these regularly. Individual needs were identified on these records; for example one person who has a catheter had a minimum fluid intake over 24 hours documented on the fluid chart. From our review of the care records we saw that nutritional screening had

Requires Improvement

Is the service effective?

been completed for people who used the service. This was used to identify if they were malnourished, at risk of malnutrition or obesity and appropriate action was taken to support these needs. One visitor described to us how she had been very worried about their relative's loss of weight prior to their stay at the home but this had been improved following, 'a few weeks with a healthy diet' and 'encouraging them to have an interest in food again.'

Requires Improvement

Is the service caring?

Our findings

The home promoted people to be as independent as possible. We spoke with one person who was visiting the high street who said, "It's dead handy for me this home, I'm right next door to the shops and the bookies. They know my routine and the [staff] are there to help me out when I need it." A member of staff said, "We encourage people to keep the links with people outside the home as much as possible so we encourage them to visit here or in some cases to go out regularly. We have people who have been coming for years – they come for Sunday lunch and at Christmas it's like an extended family."

All the people we spoke with said they were extremely happy with the care and support provided at the home. People said, "I've only been here a little while and they've [staff] been wonderful. I feel so much better in such a short space of time," "I'm so pleased my Doctor referred me here having such bright and positive staff around has really helped to pick me up." One relative said, "The staff really try very hard they as so friendly helpful and genuinely caring." Another said, "The staff are a credit to the owner – I hope he appreciates them as much as we do."

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with great passion about their desire to deliver good quality support for people. Staff showed they had good skills in communicating both verbally and through body language. Observation of the staff showed that they knew the people very well and could anticipate needs very quickly; for example staff anticipated people's requests and knew how to ensure people did not become anxious. The registered nurses, clinical lead nurse and staff that we spoke with all showed genuine concern for people's wellbeing.

The staff showed excellent skills in communicating both verbally and through body language. One person who was being assisted to eat their meal was unable to speak but staff watched their face to gain prompts around when they would like more food and constantly chatted to them in a gentle tone. Observation of the staff showed that they knew the people very well and could anticipate needs very quickly; for example seeing when people wanted more food or were becoming anxious. Staff acted promptly when they saw the signs of anxiety and were skilled at supporting people to deal with their concerns. The staff were also skilled in communicating with people who had hearing impairment; they approached them slowly; spoke clearly and checked that they had heard before moving away.

During the inspection we spent time with people in the communal lounge area and dining room. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and interacted well with people. Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoyed humorous interactions. From our discussions with people and observations we found that there was a very relaxed atmosphere. We saw that staff gave explanations in a way that people easily understood. We saw that people were engaged in a variety of activities.

We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes and had used this knowledge to form therapeutic relationships. Throughout our visit we observed staff and people who used the service engaged in general conversation and friendly chat. From our discussions with people and observations we found that there was a very relaxed atmosphere and staff were caring.

People were seen to be given opportunities to make decisions and choices during the day, for example, what to eat, or where to sit in the lounge. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff said they contributed to, and regularly accessed the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people.

Requires Improvement

Is the service responsive?

Our findings

From the care records we looked at we found that staff working in the service were responsive to people's changing needs. We saw that pre-admission assessments had been completed, This assessment process identified people's needs and a decision was then made as to whether it was suitable to admit them to the home. This information was then used as a basis of developing a more detailed care plan.

During the inspection we spoke with staff who were very knowledgeable about the care and support that people received. We found that the staff made sure the home worked to meet the individual needs and goals of each person. We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by their clinicians and when concerns arose staff made contact with relevant healthcare professionals. We found for most people that as their needs changed then assessments were updated as were the support plans and risk assessments. We saw good examples of other healthcare professionals being involved as needed. This included the staff contacting the local community dieticians, speech and language therapists and continence nurses when changes were noted. It was clear that the staff followed the advice of the visiting professional and the person was cared for and supported appropriately.

We saw that care plans had been reviewed and the acting manager told us a restructure of all care plans was taking place following an audit at the home by senior managers. We saw that most of the care plans we reviewed had been re-written and provided sufficient and sometimes very detailed up to date information about people's needs and how the provider was to support them. However of the 47 people resident at the home at the time of the inspection, we saw that ten peoples care plans needed to be reviewed and updated to ensure that all staff were aware of their present condition and the support they required. Some of these care plans had not been reviewed for over two months where the provider had stipulated that these should be completed monthly. For example areas such as avoidance of skin pressure damage and nutritional support had not been reviewed. We checked with the clinical lead nurse, care staff and reviewed other records which showed that none of these people had suffered any ill effects because of these omissions. The acting manager gave assurances that there was a plan in place to ensure the remaining ten care plans were restructured and rewritten in line with the providers new format.

This was a Breach of Regulation 9 (Care and Welfare) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and Regulation 12(Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. .

People also told us that they were involved in a wide range of activities both inside and outside the home. Relatives also told us that staff made sure people were quickly seen by GPs if this was needed. Visitors came and went freely and there were plenty of areas where they could talk in private with their loved ones.

The acting manager discussed how they had worked with people who used the service to make sure the placement remained suitable. They discussed the action the team took when people's needs changed to make sure they did everything they could to make the home a supportive environment and ensure wherever possible the placement still met people's needs.

We confirmed that the people who used the service knew how to raise concerns and we saw that the people were confident to tell staff if they were not happy. We saw that the complaints procedure was written in both plain English. We looked at the complaints procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. The acting manager discussed with us the process they were to use for investigating complaints and who in the senior management team they needed to alert. They had a comprehensive understanding of the procedure.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection we found the service did not have a registered manager in post and an application had not been received by CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous post holder remained at the home and was working as clinical lead nurse for the first day of this inspection.

This is a breach of Regulation 5 (Registered manager condition) of the Care Quality Commission (Registration) Regulations 2009

We looked at the systems in place for monitoring the quality of the service. The acting manager told us that this was an area that the provider was in the process of developing but, at the time of the inspection, they recognised that the current system did not assist staff to critically review the service. We reviewed the audits that had been developed and found that in principle these were fit for purpose but needed to be tested to confirm this was the case. For example a very comprehensive system for monitoring medication administration had been put in place and was demonstrably assisting staff to improve their practices. This had been in place for three months and staff were positive about the benefits this had made. Currently the clinical lead nurse completed the audit and it had proved beneficial in improving the administration of medicines at the home.

There were records at the home which showed the acting manager had begun to carry out audits of areas of practice such as care planning, quality of the care records, medication and risk assessments. Action plans were in the process of being completed. Staff had updated over two thirds of the care records but until the work was complete we could not determine if the action plans would ensure improvements were made.

People we spoke with during the inspection spoke were complimentary about the staff and the previous and present manager. From the information the people shared we gained the impression that they thought the home had improved and met their needs.

Staff demonstrated a good understanding of the values and ethos of the home and described how these were put into practice. They said the managers led by example and encouraged them to make suggestions about how the service could be improved for people. Staff told us they felt confident in raising any issues and felt assured that they would be dealt with professionally and sensitively. One staff member said, "We work as a team we can say what we think." Another said, "We get good feedback from the management which helps to reassure that we are getting it right."

Staff told us that the acting manager was very fair. Staff told us they felt comfortable raising concerns with the acting manager and found them to be responsive in dealing with any concerns raised. The acting manager had ensured staff kept up to date with the latest developments in the field and implemented them, when appropriate, into the services provided at the home.

The acting manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities and had also reported outcomes to significant events.

We saw the provider had management systems in place to support the acting manager including finance and human resources support located at the providers local head office.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services And Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that care and welfare of service users was accurately planned.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment And Regulation 11 (Need for Consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not appropriately implemented the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) in respect of people living at the home.

Regulated activity	Regulation
	Regulation 5 (Registration) Regulations 2009 Registered manager condition The provider failed to ensure there was a registered manager at the home.