Lyndhurst Lodge Residential Home Limited

Lyndhurst Lodge residential Home Ltd

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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 2 December 2014 and was unannounced.

Lyndhurst Lodge Residential Home provides care and support for up to 19 older people who require personal care. At the time of our inspection there were 17 people using the service. The majority of the people using the service were living with dementia. The service is located in Ashby de la Zouch in Leicestershire and accommodation is provided over two floors.

At the last inspection on 2 June 2014, we asked the provider to take action to make improvements in relation to how they ensured people were protected from the risk

Summary of findings

of infection, how people's consent to care and treatment was obtained, staff training, record keeping and the arrangements in place to monitor the quality of the service and cleanliness of the service.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that some of the required improvements had been made. However, we found that some further improvements were needed and additional concerns were identified.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found further concerns during this inspection in relation to staffing levels at the service and how people's individual needs were being met. All of the people we talked to were positive about the staff who cared for them but many of them told us there were not enough staff to meet people's needs. We observed people having to wait for assistance and people being left to eat without support. We found that there was an insufficient number of staff working at the service.

We found that the service was failing to respect the privacy of some people using the service and that, at times, people's dignity was compromised. However we observed that staff treated people with kindness and we observed positive interactions between staff and people using the service. We saw that staff understood people's individual needs.

Staff had received further training since our last inspection and staff told us that they felt adequately trained and well supported by the registered manager. However, staff supervisions were not being carried out regularly at the service.

We found that the service did not consistently offer a choice of nutritious meals to people and that people were not always supported to eat as they may have required. We found this to be having an impact on people using the service.

People's consent was not being obtained. We found that current legislation in relation to people's mental capacity was not being followed. Although mental capacity assessments had been carried out where needed, no best interest meetings and decisions had been documented. People's care plans did not document their consent or the agreement of their representative on an on-going basis.

There were systems in place to monitor the quality of the service being delivered. These were carried out by the registered manager and identified any shortfalls in relation to infection control, the premises and care planning. However, the quality of care at the service was not being monitored consistently and further improvements were needed in relation to ensuring quality care was being delivered to meet people's individual needs.

We found that people were now protected from the risk and spread of infection at the service. The registered manager had implemented a number of improvements to the systems in place to ensure the service was clean.

We found that people's medication was being managed safely.

People felt safe and staff understood how and when to report any safeguarding concerns. Risks to people had been assessed and documented in their care plans and guidance was in place for staff to help them minimise those risks to people.

We found that Deprivation of Liberty Safeguards (DoLS) had been applied for appropriately at the service and that the registered manager had a good understanding of when these should be considered to protect people using the service from being unlawfully deprived of their liberty.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were insufficient numbers of staff available to be able to meet the needs of people who used the service. We found that this had an impact on people using the service and that, at times, their care needs were not being met.

People were protected from the risk of infection at the service and the premises were being adequately maintained to ensure people's safety.

Risks to people's health and well-being had been identified, assessed and managed in an appropriate way and people's medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider was not meeting the requirements of the Mental Capacity Act 2005 to ensure that decisions about people's care and support were made in their best interests.

People were not adequately supported to eat and there was not always a choice of nutritious food on offer for people.

Staff were trained to deliver safe and effective care at the service. However, staff were not receiving regular supervisions.

People's health needs were being monitored and responded to appropriately.

Is the service caring?

Requires Improvement

The service was not consistently caring

People's privacy was not always respected at the service.

There was little evidence that people were involved in the planning and delivery of their care on an on-going basis.

Staff treated people with kindness and compassion and responded to their needs where possible. However, staffing levels meant that staff lacked the time to spend with people and, at times, people's dignity was compromised as a result.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Although the service responded to changes in people's care needs, we did not see evidence of people's involvement in the planning and delivery of their care.

Summary of findings

People did not have activities on offer which reflected their individual preferences and staff lacked the time to spend with people due to staffing levels at the service.

Is the service well-led?

Further work was required to ensure that quality care which met individual's needs was delivered at the service.

A number of management checks were in place to ensure that people received safe and effective care. Staff training was up-to-date and the registered manager had implemented a number of positive changes at the service.

There was a management structure in place and staff were clear about their roles and responsibilities.

Requires Improvement

Lyndhurst Lodge residential Home Ltd

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 was unannounced and took place on 2 December 2014. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. Our expert by experience spent time talking to people who used the service and observing how care was being delivered.

Prior to our inspection we reviewed the information we held about the provider. We looked at the statutory notifications we had received from the provider. These are notifications the provider must send to us which inform of deaths at the service, and any incidents that affect the health, safety and welfare of people who use the service.

We spoke with the local authority to seek their views on the quality of service provided. We also considered the inspection history of the service. We used this information to assist us in planning our inspection.

We did not obtain a Provider Information Return for this service due to the short time scale we had to plan this inspection in response to concerns raised. A Provider Information Return 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.

During our inspection we spoke with six people who used the service and observed the care and support being delivered to them. We spoke with the relatives of five people using the service. We spoke with four staff members and the registered manager. We also spoke with three visiting health care professionals who were at the service at the time of our inspection.

We reviewed five people's care records including care plans and risk assessments. We looked at staff training, supervision and appraisal records and staff recruitment records. We also looked at records in relation to the management of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 02 June 2014 we found that there were not adequate systems in place to protect people from the risk and spread of infection at the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that improvements had been made. We looked at the communal areas of the home, including the bathrooms and we looked in people's bedrooms to ensure these were clean. We found a number of improvements had been made and that the service was now being adequately cleaned to protect people using the service from the risk of infection. Cleaning schedules and audits were in place and these were being overseen by the registered manager. The service was clean and free from unpleasant odours at the time of our visit. The registered manager was now the infection control lead at the service and staff had clear guidance on how to clean the home and the equipment within it. Staff were using appropriate protective equipment, such as gloves and aprons. Laundry was being managed to reduce the risk of cross contamination. There were good supplies of hand gel around the home, which could be used by staff, visitors and people using the service, to reduce the risk and spread of infection.

At our last inspection on 02 June 2014 we found that there were not enough qualified, skilled and experienced staff to meet people's needs. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that although staff had received further training, staffing levels were not adequate. We observed staff failing to meet the needs of people using the service during our inspection and the relatives of people using the service told us that, at times, there were not enough staff on duty to effectively meet people's needs.

The relatives of people we spoke with expressed concerns about staffing levels at the service. One relative told us, "Definitely not enough staff, there are always people shouting, the staff say wait a minute I will come back but they never do. Quite a lot wait a while." Another relative said, "Staff do seem always busy here" and went on to say the service was, "A bit short staffed." One relative felt that there, "Should always be a presence in the dining room and lounge." All of the staff spoken with told us that, at times, they would benefit from more staff, particularly in the mornings when things were described as, "Stressful" by one staff member. Another staff member told us, "I think we are a bit low on staff because if anything happened we would have a problem." Another staff member commented that, "We could meet their care needs a lot more if we had more staff." We observed that staff lacked the time to spend with people using the service and that people were often left in communal areas without any staff present. People's needs were such that this may have put them at risk.

At the time of our inspection there were 17 people using the service. There was a registered manager on duty, a senior care worker, two care workers as well as a cook and a cleaner. The registered manager did not use a tool to determine staff numbers based on the needs of the people using the service. We found that people's needs were not always met due to staffing levels at the service. We observed people left unattended for long periods of time in the lounge as staff were needed in other areas. At lunch-time people were not assisted with their meals. We observed two people did not eat their meals. They required some support to do so and this was not available due to staffing levels. We observed one person went to the toilet in their chair. This was identified by the registered manager who tried to alert staff to the situation. No staff were available to assist this person immediately as they were busy with other tasks within the home. There was little time for staff to spend with people as they were busy with care tasks. One staff member said, "There isn't enough staff for us to go and sit with one person." People were observed to be sat for long periods of time with little or no stimulation. The staffing levels at the service were found to be having an impact on the quality of care people received.

This was a continued breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at how medicines were being managed at the service. We found that medication was being administered safely to people and that people were getting the medication they required when they needed it. We saw that

Requires Improvement

Is the service safe?

controlled drugs were stored correctly in a fixed, locked container. Controlled drugs were recorded in a register. The service had an appropriate fridge to store drugs that required to be kept cool. This was locked, the drugs were stored correctly and the fridge's temperature had been properly and regularly recorded. We saw that the registered manager had carried out monthly audits of controlled drugs, medications returned to the pharmacy and of fridge temperature checks.

During this visit we found that effective checks were in place in relation to the premises. We found these to be completed regularly and that they picked up any issues which needed addressing. People's furniture had been replaced where required and the premises were safe for people to live in. There had been safety inspections in relation to fire and gas and these had been satisfactory. The premises were being maintained to ensure people's safety.

We looked at safeguarding concerns involving people at the service and found that these had been documented and reported as required. Staff were able to name types of abuse and knew how to report these should they need to. Staff had been trained in safeguarding vulnerable adults.

Risks to people who used the service were appropriately assessed, managed and reviewed. We looked at care records for people who were using the service and found they included risk assessments which identified potential risks to people's health or welfare. These risk assessments were different for each person as they reflected their specific risks and detailed the action that should be taken to minimise the risk. There were systems in place to assess risks to people safety in relation to the delivery of their care.

We looked at six staff files during our inspection and found that the required documentation had been obtained prior to staff commencing their employment at the service. This included two references, a record of interview, photographic identification and a check for criminal offences by the disclosure and barring service. Staff were being safely recruited.

Requires Improvement

Is the service effective?

Our findings

At our last inspection on 02 June 2014 we found that consent to people's care was not being obtained at the service. People's mental capacity was not being assessed and the provider was not meeting the legal requirements of the Mental Capacity Act 2005 (MCA).This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we looked at five people's care plans. Consent was now being recorded in relation to accessing people's records and to their photographs being taken. However, consent was not being sought in relation to people consenting to their plan of care. There was little evidence that people were involved in the care planning process. People we spoke with who used the service were not aware of their care plans and did not think they had been involved in them. We spoke with five relatives, four of which told us they had not been involved in their relative's care plan. One relative told us that they had been involved in their relative's care plan.

Although we found that mental capacity assessments had been carried out where the registered manager considered it appropriate, no best interest meetings or decisions had been documented. This meant that decisions about people's care had not been made with them or with people who represented them. It was not clear from looking at people's care records how decisions had been made and who had been consulted in relation to these decisions when the person lacked the capacity to consent. The principles of the MCA had not been followed at the service.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our last inspection on 02 June 2014 we found that people's care was not being planned and delivered to ensure their health, safety and well-being. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found a number of improvements in relation to how people's care was planned at the service. Care plans were now being regularly updated and they contained all relevant information in relation to people's dietary needs and risks. People were being regularly weighed at the service and health professionals we spoke with reported an improvement in how the service responded to people's health needs. One health professional told us, "There is a major difference. They contact me sooner, staff attitudes are better. I'm impressed with the difference to be honest with you." We found that people's health and care needs were now being effectively monitored and assessed.

At our last inspection on 02 June 2014 we found that there were not enough qualified, skilled and experienced staff to meet people's needs. Staff were not adequately trained in delivering safe and effective care to people. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that staff had recently undertaken a number of training courses to improve practice at the service. Staff told us, and we saw records which confirmed, that they had received training in dementia care, moving and handling, fire safety, infection control and safeguarding since our last inspection. We spoke to staff about training at the service and they all told us that they felt adequately trained to carry out their roles. One staff member said, "We're always on a learning curve." We found that the registered manager was familiar with staff training needs and that these were now being monitored on an on-going basis.

During this inspection we found concerns in relation to how people were supported to eat at the service. There were no menus available for people to refer to and no pictorial aids used to assist them in selecting their meals. We found that there was only one choice of hot meal at lunch-time but were told that people could have an alternative should they wish to. It was unclear as to how and when these alternatives were offered to people. We observed lunch-time at the service and found that four people were left unsupported to eat their meals in the communal living area. Two of these people were not able to eat their meals unsupported and so these meals were not eaten. We reported this to staff who prepared the two people who

Is the service effective?

had not eaten their meal a sandwich. The staff member did not ask these people what they would like in their sandwich. This meant that people were not being adequately supported to have a nutritional meal at lunch-time.

People told us that they were happy with the food they were offered at the service. One person said, "It's very tasty. They help put the pounds on." However, some relatives expressed concerns about the choice and quality of the food provided. One told us, "The food is a bit hit and miss." Staff told us that there could be more choice available to people at meal times. One staff member said, "There could be a little bit more choice and variety going on. It's like the same thing all the time." We found that there was a lack of nutritious food and a lack of choice for the food on offer. One hot meal was prepared each day and people were not given choices for their meals in a format they could understand. People were not always being supported to eat at meal times. The meant that people may not have received the nutritional intake they required. We found this to be a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw that people's health needs were responded to quickly and effectively. We spoke with three visiting health professionals during our inspection, all of whom were positive about the changes which they felt had taken place at the service. One health professional told us that they felt the new manager had a good understanding of people's mental health needs and that they responded well to these. They told us, "They are trying to understand patient's problems and they are willing to engage with us. I find that very helpful." Another health professional told us, "It's improved considerably." We saw that people's physical and mental health needs were being monitored and responded to when needed.

We found that Deprivation of Liberty Safeguards (DoLS) had been applied for when appropriate to ensure that people were not being unlawfully deprived of their liberty. The registered manager had a good understanding of the circumstances which may require them to make an application to deprive a person of their liberty and understood the processes involved. They demonstrated to us that they understood how to safeguard people in line with this legislation and talked to us about people they had made application to the DoLS team for. We looked at one of the DoLS in place at the service and found these to be in place to protect the welfare and safety of people using the service.

Requires Improvement

Is the service caring?

Our findings

Staff displayed a kind and caring approach to people using the service. People using the service and their relatives all spoke positively about the staff who cared for them. One person told us, “They are kind and they do listen.” Another person said, “They treat you properly.” Relatives were equally as positive about the staff looking after people at the service. One relative told us, “No complaints at all. Looking after mum like I asked them.” We observed staff caring for people in a positive way and saw that they understood the needs of the people they were caring for.

We observed staff treating people with respect when delivering their care and saw that they assisted people where possible. However, due to staffing numbers we found that, at times, staff were unable to respond to people effectively and this compromised their dignity. One person using the service was unable to get to the toilet in a timely manner. Staff were not available to assist this person and we observed the person to be in wet clothes. This was undignified for the person concerned. The registered manager responded to this once they became aware of the situation.

On the day of our inspection we found that one person’s bedroom was being used to hold a mental health meeting between the registered manager and a number of health professionals. This room was on the ground floor and was also regularly used as a hairdressing salon as the service had no space to accommodate this. The registered manager told us that there was a bedroom empty that could be used for these purposes. This person’s privacy was not being respected at the service as they lacked the capacity to understand and agree to this arrangement.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We reviewed care plans during our inspection and looked to see whether people were involved in the planning and delivery of their care. Although we saw people had signed to agree to their initial plan of care, if they were able to, there was little evidence of people’s involvement since then. People we spoke with were not familiar with the contents of their care plan and four relatives we spoke with had not been involved in the planning of their relative’s care. They told us that they would have expected to be consulted due to their relative’s capacity to understand the process. One relative said that they had seen a care plan and said, “It is very good.”

Requires Improvement

Is the service responsive?

Our findings

We found that people had very little to do at the service. Although an activity schedule was shown to us this was not in place at the time of our visit. The weekly activities listed included reading the papers and watching a film. It was not clear as to how people had contributed to the activity schedule. The activities on offer were not designed on individual preferences. On the day of our inspection we were told that the activity for the morning was, "Putting on some music." This was done without consulting people using the service and was on at the same time as the television.

People using the service were not able to choose how they spent their time and we observed people to be sat for long periods of time, often without any staff presence. One person we spoke with told us they, "Sit nearly all day in the lounge, unfortunately not much on." Relatives we spoke with also expressed some concern about the lack of activities of offer. One commented, "No-one goes out of the home, they are trying to introduce activities and encourage colouring." We did observe three people playing dominoes during the afternoon of our inspection. However, people who were less able were not engaged in any activities throughout our inspection. Staff told us that they lacked time to spend with people due to staffing levels at the service. There was no activities co-ordinator employed at the service and staff lacked the time to spend engaging people in activities they may have enjoyed.

We looked at people's care plans during our inspection and found that these contained relevant information about people's health and care needs. We saw that these plans and risk assessments were regularly reviewed and updated and that they contain sufficient information to ensure people's health needs were monitored. We found that care plans contained some detail in relation to people's personal histories and preferences and that these had been recorded where possible.

We saw evidence of regular meetings held for people who used the service and that these were documented. However, we did not see that issues raised in these meetings had been addressed. For example, people had raised the issue of having little to occupy their time. However, we saw little in place for people to do and were told that the activity for the morning of our inspection was "Putting some music on." We observed people sitting for long periods of time with little or nothing to do and found that staff lacked the time to spend talking to people due to the demands of the care tasks they were undertaking. This meant that although people had been given the opportunity to express their views about the service, these had not been acted upon.

People using the service told us they would be happy to approach the registered manager should they need to raise a complaint or concern. Two relatives we spoke with felt that their issues could have been addressed more quickly and one told us, "There's always room for improvement, could be better, takes a long time to resolve things." There was a complaints policy in place at the service and a system in place for dealing with complaints received. Relatives we spoke with told us that no meetings had been held with them recently but that they could speak with the staff and manager at any time should they need to. We discussed complaints with the registered manager who told us that they had received no formal, written complaints over the past 12 months.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 02 June 2014 we found that records in relation to people's health needs were not up-to-date and did not contain enough details for staff to ensure their welfare and safety. Care records also contained inappropriate language about people using the service. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found a number of improvements had been made in relation to how people's care records were being maintained. These had all been reviewed by the registered manager and the content amended where necessary. Care plans now contained the relevant information for people and we found that charts and records for people at risk were now being accurately completed by staff. Care plans contained enough information for staff to ensure that peoples' care was delivered safely. We did, however, find that some people's records were being stored in the communal dining room area and that these were not being kept securely. We highlighted this to the registered manager who told us they would address this immediately.

At our last inspection on 02 June 2014 we found that the quality and safety of the service provided was not being monitored effectively. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that a number of management checks were now in place and that these were now being carried out effectively. We found the home to be clean and hygienic and saw that the registered manager undertook regular audits in relation to infection control and the premises. The premises were being maintained and any issues were being identified and addressed as they occurred. We saw that care plans were now being regularly reviewed and that these reviews involved the relevant health professionals where appropriate. Staff training was up-to-date and this was now under constant review by the registered manager.

Incident and accidents were being recorded at the service. We noted a high number of falls which had taken place at the service from April to November 2014. We saw that some people at risk of falls had been referred to the falls clinic for assessment. There was no analysis carried out in relation to these falls. This meant that although incidents and accidents were being recorded, no monitoring for patterns and potential causes of these was undertaken in order to reduce the risk of similar incidents from occurring again.

The registered manager recognised that there were also a number of other areas in which improvements were needed and told us that they were planning to implement these improvements in due course. However, we did not find systems in place to identify and address the concerns we had found during our inspection. For example, in relation to staffing levels, nutrition and people's involvement in their care, as well as the lack of activities for people. These issues had not been identified by the provider or registered manager. Supervisions with staff were not being carried out regularly in order to monitor staff performance and the quality of care being delivered to people.

This was a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us they felt supported by the registered manager and reported an improvement in the service since their appointment. Staff told us they could approach the manager with any issues they may have and that these were listened to and responded to. One staff member said, "If I have a problem with anything she understands and helps me." Another staff member told us, "I can go to her with anything." We looked at staff supervision and appraisal records at the service. We found that all staff had received an appraisal in the last 12 months but that supervisions with staff were not being regularly completed. The registered manager was aware that these needed updating and told us that they were working on completing these with all staff.

Staff were positive about the new registered manager in post and we found that some improvements had been implemented at the service since our last inspection. The new registered manager had been in post since September 2014. Staff reported that they could approach the manager should they need to and they felt that the home

Requires Improvement

Is the service well-led?

environment had improved, along with the quality of care provided. However, further work was required at the service to ensure that quality care, which focussed on the individuals using the service, was being delivered.

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 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision There were not effective systems in place to regularly monitor the quality of the services provided to identify, assess and manage risks relating to the health, welfare and safety of service users. Regulation 10 (1) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs People were not being given a choice of suitable and nutritious food and hydration, in sufficient quantities to meet service users' needs. People were not supported, where necessary, for the purposes of enabling people to eat sufficient amounts for their needs. Regulation 14 (1) (a) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services People's privacy, dignity and independence was not ensured at the service. Regulation 17 (1) (a)

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 Where people did not have the capacity to consent, the service had not acted in accordance with legal requirements.

This section is primarily information for the provider

Action we have told the provider to take

Regulation 18 (1) (b) (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing There were not sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity.

This section is primarily information for the provider

Enforcement actions

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