

Bath and North East Somerset Council

Charlton House Community Resource Centre

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Charlton House Community Resource Centre is a residential care home with nursing. It provides the regulated activities of accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury to up to 30 people. The service provides support to people living with dementia, older and younger people and those living with a physical disability. At the time of our inspection there were 13 people using the service.

Charlton House Community Resource Centre is purpose built and accommodation is located on the first and second floors. On the ground floor there are offices, laundry rooms and kitchen areas. Bedrooms are ensuite and additional communal bathrooms are located throughout the service. People have level access to a garden, communal lounges and dining spaces.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Improvement was needed to how staff carried out and recorded the best interest process. Where additional restrictions on people's care was seen, there was not always evidence available to record these restrictions were in people's best interest.

People, relatives and staff told us there had been many improvements since the last inspection. These improvements had given everyone confidence that people were now safe. The local authority had carried out a safeguarding review of the service and was satisfied systems for keeping people safe were improved.

Risks to people's safety had been identified but management plans needed further details to make sure people were kept consistently safe and that care and support was effective. People with health conditions such as diabetes lacked personalised details on how staff were to support people effectively.

We found there were enough staff available to meet people's needs safely, however, people and relatives told us at times there had not been enough staff available. Since our last inspection, improvements had been made to staffing numbers. There was less agency staff being used which gave people a better continuity of care. The manager had been successful with recruitment and planned to recruit further numbers of staff. Staff had been recruited safely.

Staff told us they felt trained for their roles. Training was provided for a range of topics and when needed staff did refresher courses. Training had fallen behind the provider's schedule but there was a plan in place to make sure staff were updated.

The service was clean and domestic staff employed to follow set cleaning schedules. There was personal protective equipment available around the service. Staff were observed to be using this safely when needed.

Staff told us they had been provided with training on infection prevention and control and had guidance on working safely. Health and safety checks were being carried out and recorded consistently.

People were able to have visitors when they wished with no restrictions. We observed relatives visiting during the inspection and saw they were involved in people's care. Relatives told us communication had improved since the new manager started. They felt they were being kept informed about any changes to people's needs and when any healthcare professional had visited.

Staff liaised with many different healthcare professionals to make sure health needs were met. Referrals were made in a timely way and any changes to care and support was shared with all staff via handovers. In the event of any admission to hospital, people had a health passport which recorded a summary of their needs. This would give any emergency professionals information about people and how they wanted to be cared for.

Mealtimes were relaxed and unhurried. Kitchen staff were aware of people's nutritional needs and provided specialised diets where needed. People could eat their meal where they wished and we observed this was in their rooms, lounges or in the dining room. Staff sat with people when they needed support to eat. Where people had food and fluid monitoring forms in place, further improvement was needed to record keeping. We have made a recommendation about this.

Medicines had been administered safely. Improvements had been carried out, but further improvement was identified and being planned. Records demonstrated that medicines were given in the way prescribed for people. This included the application of creams and other external preparations. Staff had training on how to administer and manage medicines safely.

Since the last inspection, a new manager had started. They had submitted an application to become registered. The provider had recruited a clinical oversight nurse from the local hospital on a secondment basis. This was to help provide additional clinical governance for the service and work with staff to carry out further improvement.

Quality monitoring systems were in place and effective in identifying improvements needed. Audits were completed for a range of areas and carried out by different staff. The manager told us they wanted all levels of staff to be involved in quality monitoring systems so they would understand what improvement was required.

Meetings were held and we were told communications had improved. Minutes were kept for those unable to attend meetings. Staff had daily handovers so changes in people's needs could be discussed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 19 December 2022). At that inspection we found the service was in breach of regulations 12, 13, 17 and 18. We served the provider 2 Warning Notices for breaches of regulations 12 and 17 and issued requirement notices for the breaches of 13 and 18. We visited the service to carry out a targeted inspection on 10 January 2023 and found the service was still in breach of regulations 12 and 17. At that inspection we did not check how the service was for the breaches of 13 and 18.

At this inspection we found improvements had been made and the provider was no longer in breach of

regulations 12, 13, 17 and 18. However, we have found a breach of regulation 11 (Need for consent).

This service has been in Special Measures since 31 October 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. The service has now improved to requires improvement. However, this is the third consecutive rating of requires improvement or inadequate.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 2 inspections. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Charlton House Community Resource Centre on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a breach of regulation in relation to the need for consent and have made a recommendation about food and fluid monitoring records.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Charlton House Community Resource Centre

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Charlton House Community Resource Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Charlton House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The new manager had submitted an application to become registered.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed action plans submitted by the provider in relation to shortfalls we identified at our last inspection. We did not ask the provider to complete a provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people and 4 relatives about their experiences of care received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 5 members of staff, the manager, the clinical lead and head of services for the provider. Following our site visit we also called a further 4 members of staff on the telephone. We contacted 2 healthcare professionals for their feedback and heard back from 1.

We reviewed care records for 11 people, multiple medicines records, health and safety records, training information, meeting minutes, 4 staff recruitment files, quality monitoring information and recording, staff rotas, agency staff profiles, safeguarding and complaints logs and policies and procedures.



Is the service safe?

Our findings

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

At our last focused inspection, we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection we found the provider had failed to protect people from avoidable harm, placed people at increased risk of harm and failed to ensure medicines were consistently managed safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- At our last inspection we found medicines were not being managed safely. At this inspection, we found improvement had been made. Further improvement was needed but the provider had identified the improvement and a plan was in place to carry out action needed.
- Records showed that medicines were given in the way prescribed for people. This included the application of creams and other external preparations.
- There were improved systems for the way medicines prescribed 'when required' and those requiring patch application were recorded. However, there were some doses of 'when required' medicines that had not had full details and outcomes recorded for every dose. This had been identified by nursing staff and further improvements were being made.
- Improvements were still being carried out for staff training and competency checks. The manager informed us that a new system for competency checks for nurses was being developed in line with best practice guidance, and this would be incorporated into the new policies that were currently being reviewed. We saw medicines were being given in a safe way during the inspection.
- At our last inspection we found staff were not working in line with the provider's policy on the use of sensors. At this inspection we found this had improved. Staff were following the provider's procedure when using sensor equipment for monitoring purposes.
- Risks to people's safety had been assessed and guidance was in place for staff to mitigate risks. Areas such as moving and handling had detailed guidance with pictures for staff to see what equipment was needed. These had been reviewed regularly.
- Other risk assessments needed more details to make sure staff were clear on actions to take to support people. For example, some management plans for risks of developing pressure ulcers lacked some details in the guidance for reducing skin damage. There was nobody at the service with a pressure ulcer, but detailed guidance would further reduce the risks.

At our last focused inspection, we found people experienced improper treatment. Additionally, the provider

failed to ensure people were consistently and effectively protected from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People and relatives told us there had been improvements since our last inspection, and that people were safe. One person said they felt safe because, "They [staff] always use 2 people to transfer me by hoist." One relative told us, "I feel a lot better now about how [relative] is being cared for."
- At our last focused inspection, we found systems were not in place or effective in keeping people safe from avoidable harm. Safeguarding incidents had not always been reported or investigated to ensure people were safe.
- Following our inspection, the local authority carried out a large-scale safeguarding review for the service. Due to the improvements carried out and systems now in place the provider told us this review was closed. We also saw evidence of the conclusion from the local authority.
- Numbers of safeguarding incidents had reduced and those identified had been shared with the local authority. Appropriate action had been taken to review incidents of safeguarding and they had been notified to CQC.
- The manager told us she had kept safeguarding on agendas for meetings and talked to staff repeatedly about reporting any concern. Staff confirmed they had received safeguarding training and would report any incident of potential abuse to the manager or the nurse in charge.

Staffing and recruitment

At our last focused inspection, the provider had failed to ensure there were sufficient numbers of suitably qualified staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last focused inspection, we found there were not sufficient numbers of staff available to meet people's needs. Systems were not in place to make sure there were enough competent staff deployed. Staffing numbers were based on the provider's budget and the experience of the previous registered manager.
- At this inspection, we found this had improved. A dependency tool was in use which calculated staffing numbers based on people's needs. We observed there were enough staff to meet people's needs in a timely way.
- On our first day of inspection, 2 care staff had phoned in short notice sick. Agency staff had been requested and we saw they arrived during the morning. People and relatives told us they felt staff were often too busy which gave the impression there was not always enough staff. Comments included, "It's improving here, but they are always short of staff" and "The staff are overrun."
- The manager told us agency staff usage had reduced considerably since the last inspection as recruitment had been successful. Staff we spoke with told us staffing had improved.
- At our last inspection we found the provider had failed to make sure agency staff had received moving and handling training. At this inspection we found agency profiles were available for any agency member of staff working. This included a record of their training completed. The manager told us they had also met with

managers of the agencies to seek further assurance about moving and handling training.

- At our last inspection we found the provider could not evidence they had carried out safe recruitment checks for all staff employed. At this inspection we found staff had been employed following all the required pre-employment checks. This included a check with the Disclosure and Barring Service (DBS).

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People could have visitors at any time. We observed family members visiting during our inspection and saw they were treated respectfully by staff.

Learning lessons when things go wrong

- At our last focused inspection, we found the provider had failed to make sure action was taken to prevent reoccurrence when people were involved in accidents or incidents. Causative factors had not been determined so learning could be shared.
- At this inspection, improvement had been carried out. Incidents were recorded and shared with the manager. Investigations were carried out and systems changed where necessary to prevent a recurrence. Learning was shared with staff to discuss and reflect on changes needed.

Is the service effective?

Our findings

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

At our last comprehensive inspection, we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At our last focused inspection, we found improvement was needed around assessments of people's capacity and recording of best interest decisions. At this inspection we found the improvement needed had not been carried out consistently.
- Assessments had been carried out to check if people had capacity to make specific decisions. However, staff had not recorded all the options considered as part of the best interest process and who had been involved. This meant the provider could not easily evidence the decision made was the least restrictive.
- In addition, we found some restrictive care such as use of motion sensors and tilting chairs did not have any records to demonstrate the principles of the MCA had been followed. Whilst this type of equipment can be used to keep people safe, the provider needs to demonstrate this decision making had been made in people's best interest.

Whilst we saw no evidence of harm, failing to work in people's best interest and within the legal framework of the MCA placed people at risk of harm. This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- DoLS applications had been submitted for assessment and some had been approved. Those approved had no conditions.

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

At our last comprehensive inspection, the provider had failed to ensure systems were in place and robust to demonstrate when people were at risk of malnutrition and hydration their needs were being met. This placed people at risk of harm and was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- At our last inspection we found food and fluid charts had not been consistently completed and staff had not totalled them up. We also found when people had been sleeping and not offered food or fluid, this had not been recorded.
- At this inspection, we observed people being offered food and drink throughout the day. Staff regularly made sure people had drinks, and we saw drinks available in communal areas and in people's rooms.
- Where people needed their food and fluid monitored, further improvement was required to record keeping. It was not clear in people's notes what the ideal total of fluid needed to be in 24 hours. Following our inspection, the provider shared their action plan for the improvements they were making to monitoring records.

We recommend the provider reviews checks made to food and fluid monitoring records to make sure records are in line with food and fluid given.

- People had food provided according to their needs. For example, if people were at risk of choking, they had food prepared to the correct consistency. The manager had implemented a new way of serving textured food to help it look appetising.
- At our last inspection we found people were not being weighed in accordance with their risk assessment. At this inspection this had improved as people were being weighed when needed.

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

- People's needs were assessed for all areas of care delivery. This included oral health care needs. Assessments were ongoing and plans put in place to make sure care was delivered in line with best practice standards.
- Staff used nationally recognised tools such as the Waterlow risk assessment for assessing people's risk of developing pressure ulcers.

Staff support: induction, training, skills and experience

- People and relatives thought the staff were trained. One person told us, "The staff know what they are doing." One relative said, "The carers are excellent. When [relative] was ill, they were popping in. If you have concerns, they will respond."
- New staff had an induction to help them learn about their roles. This included training and shadowing more experienced staff. New staff completed the Care Certificate as part of their induction. The manager told us staff were signed off as competent once the Care Certificate was completed.
- Staff told us they felt trained to carry out their roles. The provider used a mix of eLearning training and some face-to-face sessions. Staff told us they could book on training they wanted, or the manager organised training for them.
- Some refresher training had fallen behind the provider's training schedule. This was being monitored by senior management to check for compliance. A plan was in place to make sure all staff had opportunity to

complete any required training.

- Staff were able to have probation reviews and supervision sessions with line managers.

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

- The service had been purpose built and met people's needs. People had their own rooms with en-suite facilities. There were also communal bathroom facilities for people to use.
- During this inspection we saw the provider had closed the top floor of the service. This was because numbers of people had reduced, and the provider was not taking in any new admissions.
- The manager told us work was planned for the garden area to prepare for the King's coronation. An outdoor event was planned so work was needed in the garden to make it more pleasant to sit and enjoy.

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

- Where people had specific health needs, we found guidance was not always in place to guide staff on the need. For example, people with diabetes did not have detailed care plans in place for this health condition. Plans did not inform staff of the signs and symptoms of low or high blood sugar levels or describe the steps they should take if the person was unwell.
- Care staff told us if people were unwell, they would call the nursing staff. However, some nursing shifts were covered by agency, therefore personalised guidance would be helpful for them to have. The provider was in the process of reviewing all the care plans to update them and make sure guidance was in place where needed.
- Various healthcare professionals were involved in people's care. When people needed additional support for their health needs staff made timely referrals.
- Local GPs visited weekly and worked closely with nursing staff to review areas like medicines and health conditions such as diabetes.
- If people needed a visit to hospital, they had a health passport. This recorded all key information about people's needs to be shared with emergency professionals.
- Staff had daily handovers to make sure they were kept updated on people's needs and any changes. Staff told us if they had any concerns about people, they would report this to the nursing staff on site.

Is the service well-led?

Our findings

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

At our last focused inspection, we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant, although improved, the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to drive improvement by establishing and operating systems that consistently and effectively monitored the safety and quality of care provision. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- At our last inspection we found quality and safety audits had not been used effectively to identify improvements needed. We also found checks had not been carried out for medicines and movement sensors had not been used in line with the provider's policy.
- At this inspection, we found this had improved. The provider had started using a range of audits to check all areas of quality and safety. Actions identified were added to the service improvement plan.
- Some shortfalls found during this inspection had already been identified by the provider and added to their action plan. For example, medicines improvements had been identified and plans put in place to make improvements.
- However, some shortfalls we found with the best interest process had not been identified by the provider's quality monitoring. We have reported on this in the effective key question.
- During the inspection we observed senior staff carrying out some audits. The clinical lead was auditing the environment checking for cleanliness and maintenance. The head of services was auditing the mealtime experience. We found these audits had been completed regularly since our last inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At our last focused inspection, we found the culture at the service was not person-centred and positive. At this inspection we found this had improved.
- People and relatives told us things had improved since our last inspection. Comments included, "The staff do speak to you now, it's better than it used to be. The staff are lovely, they are friendly and helpful" and "I have had many issues as regards my [relative's] care, but there has been a marked improvement since January."

- Since our last inspection there was a new manager in post who had applied to be registered. Staff told us things had improved since they started work. Comments included, "So many changes since the last inspection. It's been a pleasure to be part of the journey, seeing it go from rock bottom to where we are now. They [management team] have really taken on board the issue of accountability" and, "If I go to [manager] now and say I'm concerned, she will act on it straight away. When things haven't been going right, she calls a huddle meeting to discuss" and "We get lots of support from head office now."
- Staff told us the way shifts were organised and the reduction in the use of agency staff had made a difference to the care people received. One member of staff said, "Now there is no regimental routine. People can wake up when they want, people can stay in bed if they want. There is a new generation of staff now who put the residents first."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At our last focused inspection, we made a recommendation for the provider to review the regulation and respond in line with obligations going forward. The provider had not always issued a written apology to people and/or representatives when needed.
- At this inspection this had improved. Where needed the provider had written to people and/or relatives to apologise when things had gone wrong.
- The provider had been open and transparent with people where needed and understood their responsibilities under the duty of candour process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The new manager told us she had met with people and relatives since starting at the service. A new activity person had been employed and regular meetings for people were planned.
- People and relatives had noticed improvements since the new manager had started. Comments included, "The communication is much better, and it is a more caring environment. They [staff] inform me of any changes in conditions, and if or when they have asked the doctor to visit. I feel that I am being heard and thus so is [relative]" and "They [staff] tell you what's going on, they keep me within the loop."
- Staff had opportunity to engage as there were staff meetings held. Minutes were kept for those staff not able to attend. Staff told us they felt listened to and able to raise concerns or share ideas for improvements. Comments included, "Staff now know how to raise concerns and know who to report to. Before they would go and tell [previous manager] but nothing changed. There is more structure now" and, "It feels like [manager and clinical lead] listen. Before it felt like we were working outside of our remit, but now we can pass things on and know they will get sorted."

Working in partnership with others

- Staff worked in partnership with local healthcare professionals to make sure people's individual health needs were met.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	<p>The provider had failed to make sure they worked within the legal framework of the Mental Capacity Act (2005). Mental capacity assessments and records demonstrating best interest decisions were not always in place which placed people at risk of harm.</p> <p>Regulation 11 (1)</p>