

Greensleeves Homes Trust

Lavender Fields

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 

Summary of findings

Overall summary

About the service

Lavender Fields Residential Home is a residential care home providing personal and nursing care to 62 older people at the time of the inspection. Lavender Fields accommodates up to 75 people a purpose built building.

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

People told us they felt safe living at the service, however, potential risks to people's health and welfare had not been consistently assessed. Staff did not have guidance to mitigate risks and keep people safe with consistent care.

Accidents and incidents had not been consistently recorded and analysed to identify patterns and trends to reduce the risk of them happening again.

Care plans were not always completed to reflect the care being given to people. However, staff knew people well and people told us staff supported them in the way they preferred. Some audits had been completed but they did not cover all aspects of the service. The audits completed had not identified the shortfalls found at this inspection.

People's end of life wishes were not always discussed or recorded, this meant that people may not have been receiving the care they wanted at the end of their life. However, staff worked with the GP and district nurses to support people at the end of their life.

Medicines were administered, stored and managed safely. Audits identified no errors in the months before the inspection.

There were sufficient numbers of staff on duty. Staff had been recruited safely with all the appropriate checks in place.

People had choice over their care and support and their choice, dignity and privacy was respected by staff. People told us staff were kind and caring and treated them well.

People met with the registered manager before they moved into service to check staff could meet their needs. People were supported to eat a balanced diet, people had a choice of meals, people's dietary needs were catered for. However, people told us that the food within the service was not always as good as it could be and improvements could be made.

Staff supported people to be as independent as possible and express their views about the service and their care. People's health was monitored, and they were referred to health professionals when required.

The service was clean, tidy and homely and suited to the needs of people living there. People had individualised rooms with their personal items and favourite colours and chose their decoration.

There was an open and transparent culture within the service, people and staff were asked for their views and opinions about the service and these were acted on. There had been no formal complaints in the last year, but people told us they knew how to complain.

Rating at last inspection:

This service was registered with us on 16th July 2018 and this is the first inspection.

Why we inspected:

Scheduled inspection based on timescale for unrated services.

Enforcement

We have identified breaches in relation to consent to care, safe care and treatment and good governance at this inspection.

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 for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always Responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well Led.

Details are in our safe findings below.

Requires Improvement ●

Lavender Fields

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by one 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

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eleven people who used the service about their experience of the care provided. We spoke to

four relatives. We spoke with four members of staff including the registered manager, deputy manager and care workers. We observed the interaction between people and staff in communal areas.

We reviewed a range of records. This included four people's care records and multiple medication records.

We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including 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

This is the first time we have inspected the service and we have rated this key question 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

- People told us they felt safe living at the service. However, potential risks to people's health and welfare had not been consistently assessed and there was no guidance for staff to mitigate the risks.

- One person's general health had deteriorated greatly and they were being cared for in bed. Their mobilising risk assessment stated that they were able to weight bear but required assistance from staff to transfer. This was not the case the person was unable to mobilise or weight bear. Staff were supporting the person to remain comfortable in bed and were repositioning the person regularly. The risk assessment did not show what equipment the staff should be using to do this. This put the person and staff at risk of injury.

- There was a lack of detail in care plan's around how people who were care for in bed were supported to manage their skin integrity.

- People had personalised evacuation plans in the event of emergencies such as PEEPS (Personal emergency Evacuation Plans), however, these were had not been updated and not all of them included photographs of people.

The failure to manage risks to people's health and welfare was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The registered manager had systems in place to record accidents and incidents. However, when we checked we found that some incidents had not been recorded in the correct place. For example, a recent incident where a person had displayed challenging behaviours had not been recorded on an incident form. This would mean that trends could not be identified.

Staffing and recruitment

- The registered manager had not put action plan's in place in place following disciplinary hearings. We saw evidence of meetings that had taken place but no follow up information was available. We spoke to the registered manager about this and they told us that this would be put in place.

- Staff were recruited safely. Pre-employment checks included references, identity checks and disclosure and barring scheme checks had been completed before staff began working at the service. A Disclosure and Barring Service check ensures employers to make safer recruitment decisions and helps to prevent unsuitable candidates from working with vulnerable groups of people.

- We saw sufficient numbers of staff during our inspection. Staff had time to spend with people and were not rushed. One person told us, "they check on me all the time."

Systems and processes to safeguard people from the risk of abuse

- Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people.
- Staff told us they received safeguarding training and we confirmed this from training records.
- The registered manager knew their responsibility to report any concerns to the relevant authorities and notify us.
- Safeguarding processes were regularly discussed during team meetings.
- Relatives told us their family members were safe and well looked after and they had no concerns.

Using medicines safely

- People were given time to take their medicines and staff completed Medicine Administration Records (MARs) to show when medicines had been administered. Staff were trained to ensure they administered and stored medicines safely.
- Guidance was available to ensure people received their 'as required' medicines as prescribed. Staff had a good understanding of when people needed their medicines and the records showed people received their medicines as prescribed.

Preventing and controlling infection

- People were protected from the risks of infection. Staff had training in infection control practices and there were plenty of hand gels, paper towels and personal protective equipment (PPE) in place. We observed staff using PPE at appropriate times, such as when carrying out personal care.
- The service was clean and smelt fresh. One person told us, "It always clean here, they really take care of it."

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.

This is the first time we have inspected the service and we have rated this key question 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The principles of the MCA were not consistently followed to ensure people were supported to make decisions about their care.
- The registered manager could not show they had acted in accordance with the requirements of the Mental Capacity Act 2005. There was not always evidence of decision specific capacity assessments for people that may lack capacity or best interest's decisions being completed. One person who was living with dementia had no mental capacity assessment. This person had bed rails but there was no consent to this.
- We saw that two people's capacity to consent had not been assessed to determine if they could make the decision for themselves and there was no record of how the decision had been made in their best interests.

The above evidence shows the provider was not consistently working within the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people had capacity, they told us they made choices about what they did, what they ate and made day to day decision about their care.

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

- The registered manager met with people before they moved into the service to make sure staff could meet their needs. However, this information was not used to develop a care plan.

- The assessment did not include all the protected characteristics under the Equalities Act 2010 such as their culture and sexual orientation. This had not impacted on the people living at the service at the time of the inspection.
- We could not always see how people were involved in their care planning. People and their relatives told us they had not seen care plans. One person told us, "No, I've never seen a care plan for me" A relative told us, "I don't think we've ever actually seen a care plan."
- There was some information in peoples care plans around likes, dislikes and choices but no detailed information for how people made choice or were involved in care planning, when they lacked capacity.

Evidence shows the provider was not consistently providing people with person centred care. Care plans did not include relevant information and End of Life care plans had not always been completed. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We received mixed feedback on the quality of the meals. Some people were complimentary about the meals. They commented, "the food is good – I enjoy it." Some people told us they were not happy with the meals provided. One person told us, "It's not dreadful, just boring. we've mentioned it but it's still up and down."
- The minutes of the residents meeting included comments that suggested that people were unhappy with the food that was being provided. The registered manager told us that a new chef had been employed and they were working with them to make improvements to the food.
- The service had introduced a system where staff monitored what people felt about the food and the dining experience. This was not always being completed and there was no evidence to show what was being done with this information. One entry on 7/7/2019 said "Many complaints about the stuffing, very doughy, looked as though it wasn't cooked" Another entry on 3//7/2019 said "Roast potatoes looked rotten."
- We saw people had drinks in their bedrooms and were offered drinks throughout the day. People were able to make drinks in the kitchenette areas if they were able too.

Staff support: induction, training, skills and experience

- People felt they were supported by staff who had the right skill and knew them well. One person said, "Staff are good at what they do."
- Staff had completed the care certificate where needed. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received supervision and yearly appraisal to discuss their development and training needs.
- Staff told us the registered and deputy manager were approachable and supportive. Staff were confident to take any concerns they had to them.

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

- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes. However, these were not effectively recorded in their care plans.
- Staff monitored people's health, including their weight, and referred them to relevant health professionals if any concerns were identified and when their health needs changed.
- People were supported to live as healthy lives as possible, there was space for people to walk around the service and people had access to the garden.
- People had access to health professionals such as opticians and chiropodists. People were supported to attend hospital appointments. A local GP held a weekly surgery at the service which people could book

appointments for.

- The registered manager was in the process of arranging for a mobile dentist to visit the service on a regular basis. People using the service would be able to visit the dentist and have basic treatment.

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

- The environment was accessible and suitable to their individual needs, including mobility and orientation around their home.
- People were able to move more freely around the communal areas of the service and we observed people using the kitchenette facilities to prepare drinks and snacks.
- People had personalised their own rooms. There were memory boxes outside each bedroom that people had personalised.
- People had access to the outside area of the service and was well used and maintained. However, some people wanted to access the local community and felt that they were unable to. One person told us, "We are quite isolated here geographically, as the road at the top is a busy road with narrow pavements where we cannot be safe so those who are mobile and would like to go out independently, cannot do so"
- People and their relatives had access to Wi-Fi throughout the building.

Is the service caring?

Our findings

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

This is the first time we have inspected the service and we have rated this key question Requires Improvement. This meant while people feel well-supported, cared for or treated with dignity and respect there were some occasions where their choices were not considered.

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

- Relatives and people could not recall being involved in reviews of their care. Where care plans had been reviewed it was not recorded if people had been involved in this.

The above evidence shows that there was a lack of involvement of people and their relatives in care planning. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although people were not always supported to make complex decisions about their care in line with legislation, staff encouraged people to make choices about their daily life. For example; people told us they chose what they wanted to do, and we saw people making choices throughout the inspection.
- The provider held resident and relative meetings so people and their relatives could express their views on the management of the home.
- Staff had a good understanding of people's individual ways of communicating. For example; staff spoke slowly and clearly and used short questions to enable people to make choices.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy living at Lavender Fields. One person told us, "Somewhere like this, everything is taken care of for you." A relative told us, "[Relative] is very happy and that makes us happy."
- People were treated with dignity and respect. Staff knew people's choices and preferences and supported people in these.
- People were comfortable to ask staff for support when they needed it.
- People were supported to maintain relationships with people who were important to them and visitors were welcome at any time. People told us, their families visited them regularly which they enjoyed.
- People could choose where they spent their time. Staff understood that some people liked to spend their time in their room and this was respected. People told us, the staff were kind and looked after them well.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff knew how to support people to maintain their independence. People told us, staff helped them to wash but encouraged them to do as much for themselves as possible.
- The registered manager told us about a person living at the service that they were working with to enable them to move back into their own home. They had spent a year working with the person to develop their

independence. The person told us that they would be returning to their home on 22nd July. The service worked closely with the local authorities to ensure that the correct care package was in place to support the person when they returned home.

- People told us, they thought staff respected their privacy and maintained their dignity.
- Staff knocked on people's doors and wait to be invited in.
- People were spoken to discreetly when being asked if they wanted support.
- People's care records were kept securely, and staff understood their role to maintain people's confidentiality.

Is the service responsive?

Our findings

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

This is the first rating inspection of this service. At this inspection this key question was rated Require Improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- One person had been living at the service for nearly a year, they did not have a full care plan in place. The registered manager told us the person had moved from another service within the organisation that had closed and a paper care plan had been in place at that service. Staff told us, the person would tell them how they wanted to be supported and the person confirmed this.
- Care plans contained some information about people's choices and preferences but did not give detailed guidance for staff to follow. People told us that staff supported them in the way they wanted. We observed staff making sure people had the things they wanted, such as books and newspapers without people needing to ask for them.
- People's care plans were reviewed regularly by keyworkers, who knew the person well. People told us that they had not been involved in these reviews.

The above evidence shows that people's records were not accurate or complete. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- The service had one person who was receiving palliative care. Whilst their care plan referred to them receiving palliative care there was no end of life care plan or evidence that the service had explored the person's preferences, choices or spiritual needs in relation to their end of life care.
- Care plan records were not completed to include end of life care for people who required them.
- Staff worked with the district nurses and GP to provide end of life care when required.
- When people had been identified as requiring end of life care, medicines were made available to keep people as comfortable as possible.

The above evidence shows the provider was not consistently providing people with person centred care This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

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

- The provider was not meeting the accessible information standards for all people they supported.
- Some information was available in alternative formats and the registered manager told us they were

looking to improve the communication methods for some people. As an example, we were told that pictorial versions of the menu and activities was going to be introduced.

The above evidence shows that the service was not meeting the AIS standards. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staff communicating with people in different ways, such as showing them objects of reference and adapting their verbal communication where people had hearing difficulties

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- An activities coordinator was employed, and some people was supported to go out on day trips. However, during the inspection, there was limited personalised stimulation for people.
- A small group of people went out on the morning of inspection to visit a local stately home. People had to wait a long time in the entrance to the service to be taken to the bus. During this time we saw one person become very anxious about waiting, because of this they returned to their bedroom and did not take part in the outing. When we spoke to staff and other people they were aware that the person was anxious about waiting but this had not been taken into consideration when bringing people through the waiting area.
- The registered manager told us a minibus was available for activities. However, one person told us, "The Minibus is used to transport staff from one Home to the other, and then medical appointments take priority. We would like to be able to use the mini bus for full day outings."
- Regular events were hosted by the registered manager and staff, involving people, their families and friends. These included parties, religious celebrations and a yearly summer fayre. Activities were organised for specific events. For example, Bastille Day. Basic French lessons were being put on. People living at the service spoke French and were supporting activities staff.
- People living at the service knew each other well and had developed friendships with each other. We saw people sitting together in and having conversations with one another. One person told us, "I have been here 5 months and I have made some lovely friends."
- People told us they regularly attended services organised by the local church communities.
- The service had a cinema room on the second floor. One of the activities available to people was a cinema afternoon. There were comfy chairs set up in cinema style, popcorn machines and candy floss. Cushions on the chairs had pictures of old movie stars such as Marylyn Monroe.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place and people told us they knew how to complain.
- There had been no formal complaints in the past year. When people raised a concern, it was dealt with by the registered manager. However, people told us that this was not always done as quickly as they had hoped. One person told us, "Sometimes things are acted on, sometimes not. But it often takes a long time."
- One person told us, "I would always go straight to the manager with any worries."

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

This is the first time we have inspected the service and we have rated this key question Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were some checks and audits in place. These did not cover all aspects of the service and had not been effective in identifying the shortfalls found at this inspection.
- Audits had been completed on care plans, however, these did not assess the information written in the care plan, only that documents had been completed.
- Records relating to care and treatment were not accurate and did not contain up to date information. Risk assessments lacked detail to clearly identify what mitigation was in place. Care plans did not contain enough detail. Therefore, staff did not have the most up to date information in relation to people's needs.
- The registered manager could not always evidence they had sought professional advice in relation to identified risks. For example, one person was being given a soft diet, however, there was no evidence that the person had undergone an assessment to identify that this was required.
- The registered manager had not analysed accidents and incidents to improve the quality of the service.

The provider had failed to assess, monitor and improve the quality of the service provided. The provider had failed to maintain accurate, complete and contemporaneous record in respect of each service user. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had a good understanding of what was happening in the service, they were well known by people, relatives and visitors. One person told us, "She could not have done more to support me being able to leave and go back to my own home – I cannot thank her enough."
- Staff understood their responsibilities and what was expected of them. They told us they received supervision and the registered manager worked alongside them to observe their practice. This enabled them to receive feedback and the opportunity for development.
- There was a clear management structure in place which was supportive and effective. The area manager visited the service during the inspection.
- There were a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.

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

- The registered manager understood their role and their responsibilities under the duty of candour and in compliance with the regulations. The registered manager had notified us of significant events in a timely

fashion.

- The registered manager discussed issues with the staff and asked for their support.
- People knew the registered manager and greeted them warmly with a smile and chatted to them.
- The registered manager had discussed with people and their relatives to resolve issues that had been raised.

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

- The provider had systems in place to receive feedback from people. They captured people's feedback in a 'You said, we did' system. This was completed from feedback given at residents meetings. At the time of the inspection people using the service had not completed feedback questionnaires.
- People and families were positive about the staff and culture of the service, one relative told us, "reassured that it couldn't be better and their communication with us is excellent."
- Staff and the registered manager said they felt proud of the service and enjoyed working there.

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

- We saw minutes of a 'resident and relatives meeting' where some concerns had been raised about staffing levels. The feedback should have been analysed and used to drive improvements with feedback given. We were not provided with any evidence to show the provider had responded to address people's concerns.
- The registered manager encouraged people to access the community and to involve the community in events and celebrations within the home. This enabled people to be part of their local community.
- The manager held relative and residents meetings to discuss relevant information and discuss any concerns. One person told us, "I like to have the opportunity to speak up at resident meetings."
- The manager held staff meetings to discuss relevant information and policy updates. Staff told us they valued these meetings.

Continuous learning and improving care; Working in partnership with others

- The registered manager had attended local forums and received updates from national organisations to keep up to date with changes.
- Lavender Fields had been validated on the Eden Alternative register. The Eden Alternative philosophy asserts that no matter how old we are or what challenges we live with, life is about continuing to grow.
- The registered manager and staff worked with other health professionals to provide joined up care.
- The registered manager and deputy manager both recognised the shortfalls that we found during our inspection. The management team were positive about moving forward and making changes that would improve the service. They were committed to providing a good quality service and were keen to identify ways that they could do this.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Evidence shows the provider was not consistently providing people with person centred care. Care plans did not include relevant information and End of Life care plans had not always been completed. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Evidence shows that there was a lack of involvement of people and their relatives in care planning. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Evidence shows that the service was not meeting the AIS standards. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The service had not completed Mental Capacity assessments for people or identified if people required these. Decision were not made in line with the law. The above evidence shows the provider was not consistently working within the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service did not always have risk assessments in place with guidance for staff to mitigate risk. The failure to manage risks to people's health and welfare was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality of the service provided. The provider had failed to maintain accurate, complete and contemporaneous record in respect of each service user. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Evidence shows that peoples care records were not accurate or complete. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>