

The Croft Residential Care Home Ltd

The Croft

Inspection report

Thorrington Road
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Essex
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11 March 2019

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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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service:

The Croft provides accommodation and personal care for up to six people who have a learning disability. The service does not provide nursing care. There were four people living at the service at this inspection.

People's experience of using this service:

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible. The registered manager had not understood and applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. Staff were overly protective of people, preventing them from carrying out some tasks they could do for themselves. People did not always have access to activities in the community that were based on genuine choice, and right for them, where they could mix with other people.

People's information and communication needs had been identified, and recorded in their care plans in accordance with the Accessible Information Standards. These are a set of standards setting out the specific approach for providers of health and social care to identify, record, share and meet the communication needs of people with a disability, impairment or sensory loss. However, individuals' identified communication needs were not always being met.

Where people lacked capacity, best interest decisions were not being made in line with the requirements of the Mental Capacity Act 2005.

Systems were in place to keep people safe. Staff had good understanding of safeguarding procedures and how to report concerns. However, where accidents and incidents had occurred these had not prompted investigation to learn from such incidents and prevent reoccurrence.

Staff had access to a range of training, however none of the staff, (including new staff with no care experience) had completed the Care Certificate or a recognised National Vocational Qualification (NVQ). All new staff are required to complete the Care Certificate as part of their induction to ensure they are trained to nationally recognised standards. This training provides new staff with knowledge and skills to carry out their roles and responsibilities.

The governance arrangements were not always effective. There was a lack of systems in place to measure and review the delivery of care and support against current guidance. Staff recruitment practices had not been carried out robustly to ensure people were protected from staff unsuitable to work with vulnerable people. Although, the registered manager was carrying out some audits, these were not identifying where improvements were needed, and ensure risks and regulatory requirements were understood and managed.

Overall people's medicines were managed well. Staff understood and put into practice control measures to

prevent the spread of infection. There were sufficient staff to meet people's needs.

People were supported to have access to food and drink of choice and were cared for, by staff that knew them well. The registered manager and staff worked well liaising with other teams and services to ensure people received the support they needed to maintain their health. People's needs were responded to in a timely manner. Staff had supported a person well, during the end of their life which had ensured they had a dignified death. People's privacy and dignity was promoted and respected. Significant improvements had been made to the premises to ensure people lived in a safe and comfortable environment.

Staff were aware of the vision and values of the company and talked of a positive culture within the service. Systems were in place to ensure people's concerns and complaints were listened and responded to.

Rating at last inspection: Since the last inspection of The Croft in July 2017 the provider changed from a Partnership to a Limited Company. The Croft is the same service, but now under a new registration. This will be the first inspection of The Croft under the new registered provider.

Why we inspected: This was a planned inspection to rate the service under the new registration.

Enforcement: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: During this inspection we found improvements were needed. We will continue to monitor all intelligence received about this service to ensure that the next planned inspection is scheduled accordingly.

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

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 Safe findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive

Details are in our Safe findings below.

Good ●

Is the service well-led?

The service was not always well led

Details are in our Safe findings below.

Requires Improvement ●

The Croft

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Notice of inspection and the inspection team:

This inspection took place on 11 March 2019 and was unannounced. The inspection was carried out by one inspector.

Service and service type: The Croft 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.

What we did:

Before the inspection we reviewed information available to us about this service. This included the Provider Information Return (PIR). This contains details about incidents the provider must let us know about, such as abuse. We assess the information that providers send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection

We spoke with one person who was able to express their views, but not everyone chose to or were able to communicate with us, therefore we observed the support provided by staff. We spoke with a one person's relative by telephone, the following day of the inspection. We spoke with two support workers, the registered manager and the Nominated Individual (NI) who represented the registered provider. We looked at one person's care records, recruitment records for two staff and reviewed records relating to the management of medicines. We also looked at records in relation to complaints, staff training, maintenance

of the premises and equipment and how the registered person monitored the quality of the service.

After the inspection, we sought additional information from the registered manager to corroborate our findings.

Is the service safe?

Our findings

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

RI: 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. Regulations may or may not have been met.

Learning lessons when things go wrong

- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses. Entries in the accident and incident book confirmed this. However, the registered manager told us they had not carried out an analysis of incidents, to identify trends and take appropriate action to prevent incidents recurring. Between July 2018 and January 2019, one person had tripped, or lost their balance due to dizziness on five occasions. Two incidents required the paramedics to be called. One incident had been attributed to a chest infection, however there had been no analysis or action taken to review why the person was experiencing dizzy spells. On one occasion the person was taken to hospital due to an injury to their hand where they trapped this in the door, however the registered manager had failed to notify CQC, as required by regulation.

This is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Staffing and recruitment.

- A review of two new staff recruitment files found, references and police checks under the Disclosure and Barring Service (DBS) had been obtained. However, application forms contained limited information and there was no space on the form for staff to add the reason for leaving their previous employment. Neither was there an interview record included on file, with questions appropriate for the role applied for. Without this information, the registered manager is unable to ensure staff recruited had the right skills and experience, and were suitable to work with people who used the service.

This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff and a person's relative told us there were enough staff to meet people's needs. Staff comments included, "Yes, we always have me, plus one other on duty, every shift, sometimes it's three," and "Staffing is okay, I think three would be too many, however it is nice to have a third member of staff on duty, when one of the staff takes a person out, so I am not here on my own."
- The service employs nine staff in total, including the registered manager and the Nominated Individual (NI). The number of staff on shift had recently been reduced from three to two across the day time hours, including weekends. This was due to the reduction in occupancy.
- The registered manager and the NI made up the second member of staff on duty, each day, during the week. However, the registered manager told us, "Twice a week I have an additional member of staff in the mornings, to enable me to get the paperwork done."

Assessing risk, safety monitoring and management

- Risks to people associated with financial abuse, accessing the community and road safety, epilepsy, supporting people to eat who were at risk of choking and manual handling had been assessed and plans developed to keep people safe. .
- Each person had an individual evacuation plans in place to guide staff on how to safely escort them from the premises in the event of a fire.
- Systems were in place to ensure that equipment, such as hoists, and adjustable height beds with integral bed rails were safe to use. Checks were made on wheel chairs and staff had been trained on how to secure wheelchairs in the minibus.

Systems and processes to safeguard people from the risk of abuse

- No safeguarding concerns had been raised about this service in the last 12 months. One relative told us, "My [Person] is very well looked after. In my view I think they are safe."
- The registered manager and staff had a good understanding of processes to keep people safe and how to report concerns. Both staff spoken with were aware of the safeguarding and whistle blowing policies and procedures and where to locate them.
- Staff told us they had received updated safeguarding training and were aware of different forms of abuse and their responsibility to report concerns. One member of staff told us, "The training gave us the information we needed to protect the residents and us from harm. I know what to look for, for example, unidentified bruising, if someone becomes withdrawn, or their behaviour changes, I would defiantly report it to the manager."
- Staff understood how to support people during episodes of behaviour that could be challenging to themselves or others. One member of staff told us, "[Person] can become verbally aggressive, but if you speak calmly and use diversionary tactics, such as encouraging them to listen to music or sit and talk, they will generally calm down."

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Where medicines were prescribed on an 'as required' (PRN) basis, clear protocols were in place to guide staff when these should be administered.
- The registered manager was auditing the delivery and returns of medicines, with the monthly order. They also audited people's Medication Administration Records (MAR) monthly, to ensure staff were administering people's medicines in accordance with prescribing instructions and completing the MAR correctly.

Preventing and controlling infection

- Cleaning schedules were in place and followed by staff. These were working well. Staff were signing to say they had completed tasks and the service was looking generally cleaner.
- Cleaning products were stored safely, and colour coded equipment, such as mops, were being used appropriately to prevent the risk of spreading infection.
- We saw signs around the premises reminding staff to wash their hands and observed staff following these appropriately. Staff used personal protective equipment, such as gloves and aprons when delivering personal care.

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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support; induction, training, skills and experience

- Staff told us they had access to the training they needed that gave them skills and knowledge to carry out their roles. However, a new member of staff recruited in May 2018, had not completed practical moving and handling training and was assisting staff to help transfer people. The registered manager told us they were arranging for a date to provide this training, but in the meantime the member of staff was supervised by experienced staff at all times.
- Two staff recruited, since December 2018 had not completed the Care Certificate. The Care Certificate was developed jointly by the Skills for Care, Health Education England and Skills for Health. It applies across health and social care and sets a minimum standard that should be covered as part of induction training of new care workers. One member of staff had previous experience working with older people, but not with learning disabilities. The other had no care experience. The registered manager told us and records showed they had been through the Common Induction Standards, as a tick box exercise. They told us they were not aware that this induction training was replaced by the Care Certificate on 1 April 2015. The registered manager confirmed none of the staff working at the service, had completed the Care Certificate or held a National Vocational Qualification (NVQ) in social care.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they had shadowed experienced staff when they first started to get to know people's needs, and as it was a small service, they quickly got to know the people and how to support them. One member of staff told us, "At first I found it difficult, learning everything. I was worried initially about how to care for people, especially people with challenging behaviour. However, the registered manager and other staff supported me, and now I have developed good relationships, with people, and feel settled."
- Staff told us they had completed all mandatory training, such as safeguarding, fire safety, infection control, and medicines. More specific training to meet people's needs had included, epilepsy, virtual autism reality training, and more recently end of life care.
- One member of staff told us, they would like more training on how to communicate with people. They commented, "I have done just about everything, training wise, but I would like more training to understand, what it must be like for people, who have complex needs and no sight, such as [Person]. I would like to experience what it would be like in their world."

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's care records contained information on how staff supported them to make day to day choices and decisions. However, where people had been deemed to lack capacity to make significant decisions about their health and welfare, the registered manager had not always followed the requirements of the Mental Capacity Act 2005 and the associated code of practice. They were making best interest decisions in relation to people's medical treatment which was outside their remit as a decision maker.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Essex Guardians had been appointed to manage people's finances and were involved in making decisions about expenditure.
- 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, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Authorisations were in place for two people funded by Redbridge local authority. Request for authorisation for the two-people funded by Essex had been submitted and were awaiting authorisation. The authorisations were in place / requested as all people using the service required continuous supervision with all activities of daily living and the DoLS was the least restrictive option necessary to prevent them from the risk of harm.

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

- Care records reflected relatives had had input into people's care, including their past, likes, dislikes, health and behavioural needs.
- People's care plans contained information on how their physical and mental health needs were being assessed and met in line with best practice guidelines.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink and maintain a healthy balanced diet.
- Staff told us they had time to spend with people at mealtimes to ensure their nutritional needs were met. We observed people eating their lunch. All, people sat together in the conservatory, and this was seen to be a sociable occasion.
- Each person, had different meals, according to their choice, all of which were cooked from fresh ingredients.
- Staff were aware of people's dietary needs. Specialists, such as, SALT, learning disability team and dietician were involved in the assessment and monitoring of people's dietary needs where they were at risk of choking and poor nutrition.

Staff working with other agencies to provide consistent, effective and timely care

- The registered manager told us and records confirmed the service worked well with health professionals and services to ensure people received the support they needed. Additionally, the service received support when needed via the local authority PROPSER and single point access team. These services provide support in residential and nursing care homes with the aim of improving safety and reduce harm for vulnerable people. The registered manager told us the single point access team had provided vital support to a person

at the end of their life, which ensured they had a peaceful and pain free death, in their home.

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

- There had been significant improvements made to the premises, to ensure it was safe. All radiator covers have been fixed securely to the wall. Window restrictors had been fitted to all windows, minimising the risk of people falling from, or exiting the building unobserved. The patio doors had been fitted with an alarm, to alert staff if opened. A gate had been fitted at the bottom of the steep stair well to prevent the risk of people climbing the stairs and falling.
- The premises had been decorated throughout, with new laminate flooring laid in hallways, and a new stair carpet had been fitted.
- People's rooms were bright, clean and tidy and decorated to reflect their personalities and individual needs.

Supporting people to live healthier lives, access healthcare services and support

- People had good access to healthcare services, including an annual health check. 'My Health Action Plan' reflected they had access to appropriate services, such as the GP, dentist, learning disability team, Speech and Language Therapist (SALT), dietician, psychosis team and orthotics team.
- Risks to people's health and welfare had been identified and acted on. Where a person was at risk of choking due to swallowing difficulties, and excessive salvia, advice from health professionals had been sought.

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

RI: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- People's communication needs were included in their care plans, however the registered manager was not aware of the Accessible Information Standards and their responsibilities to meet the communication needs of people with a disability, impairment or sensory loss. Two of the four people using the service could speak with us, the other two people had communication difficulties in varying degrees, including one who was registered blind. However, no digital technology, such as audio books, were available for the person registered blind, despite stating in their care plan that they liked having stories read to them. Although staff did read to them, the person was dependent on staff availability to sit and read, where as 'talking books' could be listened to at any time.
 - Staff told us they communicated with people using facial expression, and objects reference, for example, a cup to indicate if the person wanted a drink.
 - The registered manager had developed a tool using symbols and faces, depicting 'happy', or 'sad' to assist staff help people to make decisions about what they wanted to eat and things they wanted to do.
- Information about how to make a complaint and raise safeguarding concerns had been produced in an easy read format. However, there had been no consideration how information was shared with the person registered blind, or how they were supported to make choices.

Respecting and promoting people's privacy, dignity and independence

- People were not always encouraged to develop their own independence. Whilst staff were caring, they nurtured people using the service, rather than encourage them to do certain tasks for themselves, for example making a hot drink. Whilst this was not intentional, staff told us, none of the people using the service could do this due to the risks involved. This over protection of people without assessing the risks involved did not meet the objective as set out in the providers statement of purpose, which was to 'improve the quality of the life of our services, uses by optimising their abilities'.
- Staff understood it is a person's human right to be treated with respect and dignity. We saw staff demonstrating this during the inspection.

Ensuring people are well treated and supported; equality and diversity

- One relative told us, "My [Person] seems happy enough, I speak with them on the phone every weekend and they tell me they are okay. I have never met the staff, but I think they are okay. There are very good people there."
- Staff had developed good relationships with people using the service. We saw positive interactions between staff, and the people they supported. Staff were smiling and using humour as they engaged with people. Interactions were natural, but respectful.

- Staff told us they would be happy for a family member to live at this service. One member of staff commented, "People are well cared for here and we know their needs well. The registered manager told us, "The staff are good, they are nice to people, none of them would treat people improperly."
- Staff had a good knowledge of people's personalities, including their likes and dislikes.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were not being supported to take part in activities that were socially relevant and appropriate to them, in the wider community. Although, staff supported people to go into town shopping, access cafes and occasionally to the beach, none of the people had access to clubs or colleges for adults with a learning disability, where they could meet other people. The registered manager told us they were making enquiries for one person to access a resource centre which provides people with learning disabilities, physical disabilities and sensory impairment with leisure facilities. Additionally, they had obtained details of a local disco run by Gateway.
- People had access to indoor activities that met their interests and health benefits. These included, an aroma therapist who provided feet and leg massages. We saw a member of staff manicuring a person's nails. Others were watching the television or doing crossword puzzles in their room or listening to music.
- People's care plans set out in detail the care and support people needed to maintain all aspects of their health and wellbeing.
- People's care and support needs had been discussed and agreed with family members.
- People were supported by advocacy services where this was needed. For example, where two people shared a room, despite there being spare rooms available, an independent advocate had been involved and a decision had been made it was in the people's best interests to continue to share the room. These two people had shared a room for a long time, and moving to single rooms would have caused both person's distress and anxiety.

End of life care and support

- Where a person using the service had sadly passed away, the registered manager and staff had worked well with healthcare professionals, including palliative care specialists to provide a dignified and pain-free death that was as comfortable as possible.
- The registered manager told us staff had managed the situation well at a very difficult time. They told us, "I am proud of the staff, everyone went above and beyond to support the person to when they died, they were not in pain, they passed away peacefully. We are a small service and we really supported each other."

Improving care quality in response to complaints or concerns.

- One relative told us, "I have not had to raise a complaint, I have had no cause to complain."
- Systems were in place to acknowledge and respond to complaints. A review of the complaints book showed there had been no complaints raised about the service since the last inspection.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- Following our inspection of this service in July 2017 (under the previous registered provider), the registered manager produced an action plan setting out how they intended to meet the breaches of regulation and improve the service. The improvements made showed that there had been a willingness by the provider, and the registered manager to work in partnership with CQC and other agencies to improve the service. However, at this inspection we found there had been no further development of the service, the service continues not to move with the times.

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

- The provider and registered manager did not have a clear understanding of what was needed to develop the service to ensure people received high-quality care.
- Systems to monitor the quality of the service were not used effectively to identify where improvements were needed, and manage risks. This lack of oversight continued to lead to shortfalls in the way the service was being managed. For example, the registered managers audit of medicines had failed to identify the expiry date of a person's PRN (as needed) medicine to manage anxiety. A box of promethazine hydrochloride to had been dispensed on 24 May 2018, and had no expiry date on the box. Therefore, staff could not know when the medicines were due to expire, and if they remained effective.
- Both the provider and registered manager continue to work daily as part of the care team. This does not allow either of the registered persons to actively manage the service. They do not have a good understanding of the relevant legal requirements in relation to the type of service they are providing, including, Registering the Right Support (RRS) guidance. RRS applies to all services for people with a learning disability and/or autism.
- The values and principles of RRS align with all five key questions, safe, effective, caring, responsive and well led. The failure to keep up to date regulatory requirements, is reflected in the failings we continue to find in the service, under the key questions safe, effective, caring and well led.
- The provider and registered manager have failed to apply the Accessible Information Standards where people have complex communication needs. They have not understood how to apply the decision-making process under the MCA 2005 and have failed to adhere to health and safety related obligations to protect people using the service from the risks associated with legionella and legionella disease. When asked if water systems had been tested, the NI had told the registered manager, they did not need to do this, as the water was supplied from the main water supply. This showed a lack of knowledge and understanding of their responsibilities under health and safety legislation to protect the people living and working in the

service. They had failed to carry out a risk assessment and test the water systems, the equipment associated with the system such as pumps, heat exchangers, showers etc to identify the risks to people being exposed to legionella.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff told us they felt supported, respected and valued by the provider and registered manager. Both staff spoken with told us, the registered manager and the provider were fair and approachable, and they could talk to them anytime, if they had any concerns.
- Staff confirmed they attended regular staff meetings and received regular supervision and felt supported by the registered manager. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff.
- Engagement with people, staff, the public and community is minimal. The registered manager confirmed they had not invited relatives, or health professionals involved in people's care, to provide feedback on the service provided.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Staff told us they were aware of the values of the service, which promoted peoples' dignity, respect, wellbeing, and safety. We saw staff putting these principles into practice.
- The registered manager told us because they worked on the floor as part of the shift most days, they could monitor the day-to-day culture in the service, including the attitudes, values and behaviour of staff. The registered manager told us one of their biggest achievements had been addressing staffing issues and the recruitment of new staff. They told us, "We have better staff now, I have a nice fully rounded set of staff, which has improved the care people receive."
- Staff told us there was a positive good culture in the service. Comments included, "Staff morale is brilliant, we are all happy, never any miserable people work here, not that there is many of us. Everyone gets on well, it's a good place to work," and "Everyone is happy, no bitchiness, there is no one working here that doesn't get on with each other or residents, there is no awkwardness."

Working in partnership with others

- The registered manager told us they had attended meetings with other registered managers in Essex, which was a good resource for sharing information, training and best practice.
- The service had developed a good working relationship with healthcare professionals which ensured people received timely care, when they needed it.

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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider had not notified CQC of incidents that affected people's health, safety and welfare. Registered persons are required under this regulation to notify CQC of such incidents, so that we can take follow up action, if required.</p> <p>Regulation 18</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where people lacked capacity to make significant decisions about their health and welfare, the registered manager had not acted in accordance with the requirements of the Mental Capacity Act 2005 and the associated Code of Practice, when making best interests decisions.</p> <p>Regulation 11</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place to assess, monitor and improve the quality of the service were not used effectively to ensure the health, safety and welfare of people using the service.</p> <p>Regulation 17</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p data-bbox="836 170 1469 248">Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p data-bbox="836 277 1469 636">People who use services and others were not protected from unsuitable staff. This was because the providers systems for recruiting new staff, were not carried out effectively, to ensure prospective employees were of good character, had the qualifications, competence, skills and experience for the work they were to perform suitable for the post and able to perform the tasks they were employed to do.</p> <p data-bbox="836 678 1023 712">Regulation 19</p>