Mulberry Care Homes Limited

Astley Grange

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

The inspection took place on 6 January 2015 and was unannounced.

There were breaches of the legal requirements at the last inspection in July 2014 in relation to respecting and involving people, care and welfare and staffing.

Astley Grange provides accommodation and personal care for up to 40 people. There were 32 people living in the home when we visited.

The service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was in the process of completing her application to register with the CQC at the time of our inspection.

Staff were aware of people's individual abilities and their individual risk assessments and care was managed appropriately to minimise restrictions on people's freedom, choice and control.

Summary of findings

Staff were not always able to respond promptly to people's needs when they were busy supporting others and some people had to wait too long to be assisted, particular with getting up in the morning.

Effective procedures were in place for recruitment, induction, training and supervision of staff.

The manager demonstrated knowledge and understanding of the Deprivation of Liberty Safeguards and Mental Capacity Act 2005 and how that impacted upon the people they supported. However, not all staff had received training in this area. People's consent was not always sought in their day to day care.

People enjoyed the meals and they were supported to eat and drink enough. Staff were proactive in seeking advice from the dietician where necessary.

Staff did not always treat people with kindness and compassion, or engage in meaningful conversations and activities with people. Care was not always provided in line with people's care plans.

Staff were aware of their roles and responsibilities. The manager was not always visible in the service, which did not promote and open and transparent culture.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Staffing levels were not always adequate to support the individual needs of people and this meant some people had to wait too long to be assisted.

Staff understood individual risks to people and the level of support required to manage people's care safely.

People told us they received their medicines when they needed them and medication was stored appropriately, but not all people were given sufficient time to take their medicine at their own pace.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always given choices in the way they lived their lives and their consent was not always sought in line with legislation and guidance. The manager had an understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), although acknowledged staff still needed training in this area.

Staff had regular supervision meetings to support them in caring for people's needs and opportunities to access relevant training.

People's individual dietary needs and choices were suitably catered for. People enjoyed their meals and were supported to eat and drink adequately.

Is the service caring?

Requires Improvement

The service was not always caring. Some staff demonstrated positive caring relationships with people and treated them with kindness and respect. However, other staff ignored people's attempts to gain their attention and lacked compassion where people were upset.

Staff did not always use the information they held about people to try to understand and respond to their needs.

Staff respected people's privacy and dignity, but did not sufficiently engage in meaningful conversation with people or show genuine interest in their well-being.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's individual care records contained sufficient up to date information for staff to provide appropriate care. However, people receiving temporary care had not had their needs reviewed.

Summary of findings

There were few meaningful activities in place for people to engage in and people were often bored.

Is the service well-led?

Requires Improvement

The service was not always well led. The manager was not always visible to staff, people and visitors.

Systems were in place, but not always robust enough to regularly monitor and review the quality of the service.

People and staff were not actively involved in developing the service.

Astley Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 January 2015 and was unannounced.

The inspection team consisted of two ASC inspectors and an expert by experience. An expert by experience is a person who has personal experience of supporting people who use this type of care service.

Prior to our inspection we reviewed information from notifications, the local authority commissioners and safeguarding. We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection. We had received information of concern from two anonymous sources. This information suggested people were not given good enough food quality and choice, not able to get up when they wished to or have many showers or baths. Information suggested there was no heating in the building and the manner in which staff spoke with people was unkind and inappropriate.

We spoke with 16 people who used the service and four relatives during our visit. We spoke with the registered provider, manager, a visiting dietician, a visiting rehabilitation assistant and four staff. We observed how people were cared for, inspected the premises and reviewed care records for three people. We also reviewed documentation to show how the service was run.

Is the service safe?

Our findings

People we spoke with expressed their views about staffing levels. We received a mixed response; some people told us there were enough staff and they found them easy to locate or summon. One person said they 'sometimes had to wait a long time for staff to come and take them to the lounge'. Another person we spoke with at 11am said: "Supposed to be getting up today, but still waiting to be got up. If they're busy I sometimes have to wait."

People had to wait for staff to attend to them at times, as they were busy supporting others. We spoke with the manager and staff about staffing levels. They told us there had been improvements to staffing levels since the last inspection and there was much less use of agency staff. However, we saw at times staffing levels were not always sufficient to support the needs of the people in the home. For example, on the residential unit, we saw some people had to wait until almost lunchtime to be assisted to get up. We saw staff assisted one person to get up and dressed, but this was almost midday. Another person we spoke with in their room at 12.25 said: "I'm just waiting here. I can't get up by myself and nobody comes. I would really like to get up and about." We saw the person had a cold cup of tea and they told us: "That went cold, I'd love a hot drink." We saw staff were unable to attend to this person because they were assisting others. We spoke with staff who told us they tried their best but sometimes people had to wait because they were busy carrying out tasks with other people. The manager told us the morning routine had been slow on the day of our visit because there had been unexpected staff absence and the staff who were covering were less familiar with the unit and people's needs.

We spoke with visitors about staffing levels. One relative told us they had noticed a marked improvement in the staffing levels recently. They said: "It's much better than it was. There's been a change in the staffing levels and it's improved over the last few months." Another relative commented on a high staff turnover and said they were not told when staff left. They did not know who their family member's key worker was and told us: "Don't see the same face often enough." One relative said they were concerned the home was short staffed, particularly at weekends, and their family member's commode was often left full of urine.

One visitor said: "It has got better since they went to three staff during the day but I come every day and more often than not there is no member of staff in here [lounge]. The residents are normally on their own in here."

The provider did not ensure there was adequate staffing to attend to people when they needed assistance and support. This was a breach of regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 (1) HSCA 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe and their visitors agreed their family members were safe in the home. One person said: "It's having people around, knowing I'm not on my own." People told us they felt safe in the company of others and if there was any disharmony, staff would act to resolve this. One person said: "We get on well enough, if you don't like someone you just keep out of their way don't you."

Staff we spoke with were confident overall about how to identify abuse or harm and the procedures to follow to ensure people were safeguarded, however, one member of staff we spoke with was less clear about the signs of possible abuse. Staff were aware of how to use the whistleblowing procedure and were confident to report any concerns should these arise. Staff were aware of potential risks to individuals and what they needed to do to minimise these. For example, staff understood which people needed the support of two staff to mobilise, what individual equipment they needed to ensure their safety and who was at risk of falling.

We spoke with the manager about recruitment practices and we found these were robust, with necessary checks carried out before people started work in the home. We spoke with a newly appointed staff member who told us they had been thoroughly vetted and had received a sound induction process before working independently in the home.

People we spoke with told us they were given their medicines on time. We heard staff asked people whether they were in any pain and staff we spoke with told us they were aware of signs, such as facial expressions that might indicate someone was in pain. Medicines were stored safely in the treatment room and when the medication trollies were in use these were kept securely attended or locked.

Is the service safe?

Documentation relating to medication was appropriately maintained. The manager told us there was a daily stock count handover to ensure strict control of medicines in the home and this was documented.

Procedures for administering medicines were followed in line with people's individual requirements. We saw one member of staff greeted people by name and asked if they were ready for their tablets, enabling them to make choices. Good explanations were given about what people's medication was for and people were given the chance to decide for themselves. However, we saw on two occasions people were not supported effectively with swallowing their medication. For example, one person complained of not being able to swallow their tablet for more than 15 minutes and inspectors alerted the nurse twice to assist the person. Another person did not swallow their medication and the nurse told us they were prone to 'shooting it out of their mouth', yet the nurse left this person unattended for five minutes without checking they had swallowed their medication. We noticed the morning medication round was not completed until almost lunchtime and we discussed this with the nurse, who told us she was aware of ensuring correct timing of medication between one dose and the next, through careful documentation and monitoring. Medication administration records (MAR) showed doses were timed appropriately.

Is the service effective?

Our findings

People told us they exercised choice in their care and daily living. Some people did not express strong views about whether they could or should make choices for themselves. They told us: "The staff know what they have to do" and "They just get on with it."

We saw people were not always consulted about their care and support and there was mixed practice within the staff team. For example, we saw staff often asked people what they would like or how they would like to be assisted. However, we saw staff interventions at times were made without gaining the consent or understanding of the person concerned. For example, we saw two people were moved in their chairs from the lounge without any explanation offered as to where they were going. We saw a member of staff place a drink to a person's lips and said: "Will you finish it" without any discussion about what it was or whether the person wanted it. We saw when assisting people to eat, staff put food in people's mouths without prior discussion.

Frequently tasks around the care of residents were carried out without first establishing a resident's consent or preferences. We observed one person whose nose ran regularly. Staff occasionally came into the room and wiped the person's nose but did not tell them what they were about to do or ask if they felt better once they had finished.

The provider did not ensure people were asked or informed about their care and support. This was a breach of regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 10 HSCA 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We saw some consideration had been given to people's rights and there were DoLS checklists in each person's care records and an indication about who had mental capacity. Some staff we spoke with had some understanding of the mental capacity act and how to support people to make decisions. The manager told us a few staff had received training in this area and training was ongoing and said there were strong links with the local authority to be able to access training. We saw the training matrix, which confirmed not all staff had yet had this training.

Although the training matrix showed staff had received up to date moving and handling training, we had concerns about the way in which one person was assisted to move. We saw this person was assisted with a hoist and a stand-aid, but the manoeuvre was precarious and not safely carried out. We brought this to the attention of the manager, who agreed to monitor staff practise in moving and handling.

Staff we spoke with told us they received regular supervision with their line manager and they felt supported in their role. Supervision records in staff files confirmed these were carried out regularly and recorded. Staff said they had access to sufficient training and we saw training records which confirmed this. We saw evidence of staff competency checks in the two staff files we looked at.

People we spoke with told us they thought staff had sufficient skills to do their job. One person said: "They wouldn't be working here if they didn't know what they were doing would they?" Another said: "I think they are very good". A visiting relative said: "My family have no worries about the care. None at all. That's one thing they do very, very well." People were positive about how well staff knew their individual needs.

We saw people enjoyed their meals overall, with comments such as 'very nice', 'good' and 'fine' to describe the meals. People confirmed they were offered choices at mealtimes and if they did not like the choices on offer they could have alternatives. We saw one person had cereal for breakfast and again for lunch. They said that was what they wanted to eat and staff confirmed they tried to accommodate people's choices. We saw people did not always have choice of the components of their meal as this was already served to them. For example, there was no discussion about whether they wanted vegetables or gravy, this was served to everyone.

Mealtimes were not rushed and people were supported to eat at their own pace, with assistance where necessary. However, at times the dining room became crowded and this put people off from sitting down to eat. One person said "I'll come back a bit later – it's too busy." Staff demonstrated a good understanding of people's dietary

Is the service effective?

needs and personal preferences. Food and fluid charts were kept up to date where staff were monitoring people's health and dietary intake. A list was clearly displayed in the kitchen of people's individual catering requirements and safe swallowing guidelines.

Relatives told us their family members enjoyed the food. A visiting relative told us: "I occasionally have something to eat when I visit and another family member regularly does. The food is always very nice".

People told us they could not make drinks independently but staff brought these regularly and we saw drinks were offered along with biscuits. We saw jugs of juice and glasses available in each of the lounges, although we did not see anyone access these. We heard staff asking people whether they would like a drink at regular intervals throughout our visit.

Records showed that arrangements were in place that made sure people's health and social welfare was protected. We saw evidence that staff worked with various agencies and made sure that people accessed other services in cases of emergency, or other professionals when people's needs had changed. We spoke with a visiting dietician and occupational therapist who told us staff were proactive in seeking advice and receptive to advice given to ensure people's health needs were met. Staff told us several people had been ill recently with chest infections and we saw from care records people were referred to their GP without delay.

Is the service caring?

Our findings

Some people we spoke with said staff treated them with kindness and compassion. One person said: “Staff are always very caring and gentle.” Another said: “Staff are lovely – all of them are very nice.” One person said: “I don’t know if they care or not” and another said: “They’re too busy to care.” We spoke with visiting relatives about the quality of interaction. One relative told us: “This is one area – the only one – that I can say I’m not so happy with. You’re seeing it today as it always is.”

Staff did not always treat people in a caring way and their approach was often detached and lacking in compassion. On two occasions we saw people were distressed and were either crying or vocalising with no intervention from staff. We heard one person cried constantly for more than two hours and we saw staff walk past their room frequently without offering support, other than to carry out physical care tasks. We saw the person’s care record stated they enjoyed the company of others. When inspectors spoke with this person they became calm, however, there was no conversation offered to the person from staff. Staff told us: “They always do that”. This showed lack of understanding of the person’s needs and there had been no attempt made to find out the cause of the person’s distress or acknowledge they may simply need some company.

Staff did not always respond in a caring way to support people’s care and welfare. This was a breach of regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014.

One person was assisted by staff to transfer from a wheelchair to a chair using a hoist. Three members of staff were involved and whilst they occasionally spoke with the person to give a basic reassurance, the majority of conversation was between staff members who were discussing the death and forthcoming funeral of a former resident of the home. We saw on another occasion two members of staff waited with a person in a wheelchair to use the lift. The two staff had a conversation over the person’s head, talking about the length of their shift and how they would be glad when it was done. On another occasion we saw one person being supported to sit in a chair and whilst staff initially began a conversation with the person, this did not continue as staff chose to talk to a colleague instead. Some staff we saw were patient and used a kind tone of voice when speaking with people, although we heard a member of staff use a raised voice when asking one person to stand up.

Staff were mindful of people’s privacy and dignity. They respected people’s wishes to spend time in their own rooms and staff knocked on people’s doors before being invited to enter. At times we saw staff spoke kindly with people when engaging with personal care and their interaction was appropriate. For example, staff patiently waited with one person and spoke politely with them as they gained their balance enough to walk with their frame. However, staff were mainly focused on completing physical care tasks rather than taking opportunities to demonstrate an interest in the general well-being or daily experience of people. We observed on many occasions, staff entered lounges or stood in the doorway to the lounge and did not acknowledge people in there. On one occasion we saw a member of staff sat in the lounge for 10 minutes without interacting with anyone.

Is the service responsive?

Our findings

People were positive about how well they thought staff knew their individual needs. Two people we spoke with told us they had been involved in their care plan when they first came into the home. One person said: "They talked to me and my family when I came here but that was a while ago. I can't remember what was said." One relative we spoke with told us staff involved them and their family member in regular discussions about their family member's care. Another relative said: "They spent some time building a picture of [my relative] and making sure what they liked and what they needed.

Although we saw care plans were detailed and thorough overall, we found these were not always adhered to in practice. For example, for one person we had seen who was distressed the plan said 'staff to listen to [person's] needs and respond' and 'staff to reassure, try to determine what is the cause', yet we saw this did not happen.

We saw that people's care plans were subject to regular review. However, there were two people in the home who we noticed were considerably younger than most of the other people. These people had come into the home on a temporary basis, but their care and placement had not been reviewed. One person had a temporary care plan, yet had been in the home for ten months. We asked the manager to ensure the review of the placements for these people took place in order for care to be responsive to their needs.

We looked at three care plans that had been developed for each person. The care plans evidenced how people liked to spend their time and how they liked to be supported. We saw care records were regularly updated in many places and there was evidence these were discussed with each person and their families where appropriate. Individual risk assessments were in place and there was monthly evaluation carried out on many aspects of people's care. However in one of the care records we saw, the person's emotional well-being section had not been updated since March 2014. In the same care record, it was noted the person needed to be weighed weekly, yet there was no weight recorded since 6 December 2014.

We spoke with the visiting dietician, who told us the weighing scales had been out of order for some time. The nurse also told us the scales had not worked since October 2014. The manager said they were in the process of obtaining new scales. The day following the inspection the manager confirmed this had been actioned.

People were positive about how well they thought staff knew their individual needs. Two people we spoke with told us they had been involved in their care plan when they first came into the home. One person said: "They talked to me and my family when I came here but that was a while ago. I can't remember what was said." One relative we spoke with told us staff involved them and their family member in regular discussions about their family member's care. Another relative said: "They spent some time building a picture of [my relative] and making sure what they liked and what they needed.

We asked people about personal care and access to showers and baths; people told us that the frequency was one which suited them. One person said: "I have a bath three times a week, and that's fine with me." Another said: "I have a shower once a week – and that's enough." We observed that all people were well presented with clean, tidy hair, clean clothes and nails.

Staff were not always aware of people's social histories and how they liked to spend their time. Information about this was not always recorded in people's care records. The manager told us there were difficulties recruiting an activities co-ordinator, but hoped this would improve once the post was filled.

We spoke with people about what they did to pass their time in the home. People were not all positive about activities on offer, with most citing long periods of inactivity and boredom. Our inspection observations confirmed people were bored. One person told us: "Sometimes we might play a game or something, but not very often." Another said "I go to a media centre on a Wednesday morning, but apart from that we just sit about all day." One person we spoke with was happy with the level of activities on offer. They said they did outdoor activities, went to pubs and out for meals or had trips to the supermarket, which they enjoyed.

A visiting relative told us: "There's normally nothing going on, they just sit here in front of the television all day. Occasionally they might have a singer or something come in to entertain them, but apart from that very little. The atmosphere is very flat."

Is the service responsive?

On arrival we saw a notice in the reception area advertising the activities for each day of the week, and from this we had expected to see arts and crafts taking place. This did not happen, though the activities co-ordinator was present until after lunch. In the morning we were in the upper lounge where staff were dismantling the Christmas Tree. One person did show an interest and was asked if they wanted to help. Another person who likes to clean was given a duster to assist and make this activity feel purposeful. In the afternoon we noticed that the activities board had been changed, and now stated that the activity was "Game? Quiz? Bingo?" but this had not happened anywhere in the home. We were shown the activity plan by the registered manager, which listed 'chatting' as the activity on several days of the week. We discussed with the registered manager that this would normally be considered something that should be happening anyway, not held back for a designated activity time.

This plan contradicted what was on show to people arriving to visit the home. We were shown records for all people on the top floor which only had an entry for the day of the visit. We were told people had declined the offer of an activity, though we were present in the lounge and did not see

any residents being asked. Other than televisions being on, which few people watched, there was nothing to stimulate people unless they had a visitor. People were not offered a choice of what was on and no-one could tell us about a time when they had been asked what they might like to watch. We saw a chat show on one television and one person told us: "I don't want to watch this load of rubbish."

There were insufficient activities to support people's social and emotional well-being. This was a breach of regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014.

The layout of the rooms was not conducive to producing a sociable atmosphere, with chairs arranged in a circle around the walls of the lounges, meaning that people were often seated at a distance from each other and would find it hard to talk to anyone unless they were sitting next to them. Staff did not initiate conversation with people. People told us their freedom was not restricted and they did not feel there were any restrictions on where they could go. Visitors confirmed they were able to visit any time.

People told us they knew how to complain if they wished to. People clearly told us they would be confident to raise any concerns with staff. One person told us: "If anything was wrong I wouldn't hold back – I'd tell them. I'd tell [my relative] too, they would want to know." We spoke with visiting relatives about raising concerns and were told that they would be happy to speak to staff. One visitor told us: "We had a problem with one resident maliciously moving and hiding [my relative's] possessions. We raised this with the staff and they got the person moved to another floor – problem solved."

People felt they were able to keep in touch with family and friends quite easily, with no barriers to times of visits. One person told me "One of my family visits most days, I look forward to it." Another told me about how they were able to contact their family and said: "I have a phone in my room, so if I wanted to ring someone I just go there and do it."

Requires Improvement

Is the service well-led?

Our findings

We spoke with people and relatives about their opportunities to influence the service and the care that they received. People were unable to confirm when they had had opportunity to do this, either proactively or in reaction to approaches from the home management. We asked a visiting relative about whether they felt that either them or their relative had opportunity to do this. They said: "Another relative comes regularly and I think [they have] been to meetings, but I'm not sure. I've never spoken to the manager, never mind been asked about what I think of the service."

The manager was in the process of registering with the CQC, although the application process for this was not complete at the time of our inspection. We asked people about how they were able to influence the quality of the service. One person said: "You just get on with it – it is what it is". We did not see any information on display regarding how people could make complaints or pass more general feedback to the management of the home.

We asked residents and visitors whether they could tell us about any examples of things that had changed in the home as a result of any feedback they had given. One relative said: "We wanted to take [my relative] out more, and as a result of talking to the owner we now hire the minibus to do this once a month or so. That wouldn't have happened if we hadn't approached them."

We saw the manager was not always visible or involved in the service. Some people said they did not know who the manager was or would be able to recognise them. A visiting relative told us "I've never seen her out and about. In fact I don't think I've ever seen her out of her office." During our inspection there was not a strong manager presence other than at greeting and during feedback. She did not appear to visit the residential areas or engage in any 'hands-on' management. This demonstrated a lack of openness and approachability.

Staff we spoke with had a clear understanding of their roles and the line management structure and said they felt able to discuss any concerns with the manager, although they did not often see the manager in the care environment.

The registered provider and the manager were concerned we had received information to suggest care was not of an acceptable standard. The provider told us any complaints would be taken very seriously and responded to. The registered manager confirmed no recent complaints had been received.

We saw regular audits and quality checks had been carried out, such as for cleaning and maintenance of equipment and premises. Documentation was available to show where external companies had been brought in to carry out repairs and maintenance. However, we were unable to see the safety certificate for the home's lifting equipment. The manager told us this was regularly checked and promptly following the inspection made arrangements to have this serviced and a certificate produced.

Accidents and incidents were recorded and reported appropriately. The registered manager summarised and monitored these on a monthly basis to establish whether there were any trends or patterns and, where necessary, made adjustments to people's risk assessments or care plans. Staff we spoke with told us they were kept up to date with any changes made as a result of this.

Policies and procedures for safe practice were detailed, regularly reviewed and available to staff and visitors. Staff we spoke with told us they were aware of the organisation's policies and procedures.

The manager responded positively to the inspection process and was prompt in response to initial feedback about the inspectors' observations. She told us the quality of the service and staff morale had improved since the last inspection, although said work towards this was still ongoing.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staffing levels were not always sufficient to meet the needs of the people. Staff were unable to attend to some people, or help them to get up in a timely manner because they were busy attending to others.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect People were not always consulted about aspects of their daily care and routine.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Staff did not always have regard for people's social and emotional well-being and information in care plans was not always used in practice.