

## Folkestone Nursing Home

# Folkestone Nursing Home

### Inspection report

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## Ratings

### Overall rating for this service

Inadequate 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

## Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection took place over two days and was unannounced. When we inspected this service in January 2014 we found breaches with regulations because care

and treatment was not always planned and delivered in such a way as to meet people's individual needs and ensure their welfare and safety and because the service did not keep proper records of the care provided to people. At this inspection we found that improvements had been made to record keeping but that some people were still receiving poor care.

The service is a nursing home that provides accommodation and support with personal and nursing care to older people. The home specialises in providing

# Summary of findings

care to people with dementia. The service is registered with the CQC to provide care for up to 43 people. There were 39 people using the service on the first day of our inspection and 42 on the second day.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The service also had a nominated individual in place. They were the line manager to the registered manager and shared in the day to day management of the service with the registered manager.

Staff had undertaken training about safeguarding adults. However, the service had not always responded appropriately to allegations of abuse as they had not always referred incidents to the relevant local authority adults safeguarding team. Only two people were subject to Deprivation of Liberty Safeguard authorisations although other people had restrictions placed upon their liberty. There were enough staff to meet people's personal care needs but the service relied heavily upon agency staff which impacted on the quality of care provided. This was because agency staff did not know people well and permanent staff had to spend a lot of time supporting the agency staff.

Staff undertook various training covering health and safety and moving and handling. Most care and nursing staff had only undertaken basic training about dementia

although we were told the service was taking steps to address this. People were provided with adequate amounts of food and drink and they had a choice of food at meal times. People had access to health care professionals as appropriate.

People told us that staff were caring and we saw staff interacted with people in a polite and friendly manner. Staff were aware of how to promote people's dignity. Relatives were involved in developing care plans for people where people lacked capacity.

Care plans were in place which included information about how to meet people's needs. However, we found instances where care plans were not followed or where they did not contain sufficient information about how to support people in a safe manner. There was only limited opportunity for people to engage in social and leisure activities in the home. The service had a complaints procedure in place but complaints were not always dealt with in a timely manner.

Most of the people, relatives and staff expressed dissatisfaction with the management at the home. Quality assurance and monitoring systems were in place but these were not sufficiently robust to lead to improvements in the service.

Where we have identified a breach of regulations 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?

The service was not safe. There was not always enough staff working at the service to meet people's needs. The service relied heavily on agency staff that did not always have a good understanding of people's needs. Permanent staff told us this negatively impacted on the care provided

Staff had undertaken training about safeguarding adults and the service had a safeguarding adults procedure.

The service needed to make DoLS applications for people in the light of a recent ruling by the Supreme Court on the matter.

Risk assessments were in place which included information about how to manage and reduce the assessed risks people faced.

Requires Improvement



### Is the service effective?

The service was not effective. Staff lacked an understanding of dementia care.

Staff had undertaken various training including moving and handling, health and safety and the management of medication.

People's needs were met in relation to eating and drinking and people were offered a choice of food and drink.

People's health care needs were met and they had access to health care professionals as appropriate.

Requires Improvement



### Is the service caring?

The service was caring. People were supported to make choices about their care and their family was involved in this process where appropriate.

People were treated with respect and dignity by staff. We observed staff interacting with people in a caring manner.

Good



### Is the service responsive?

The service was not responsive. People's needs were assessed and care plans were in place. However, care plans were not always followed or up to date.

There were only limited opportunities for social and leisure activities within the home.

The service had a complaints procedure but complaints were not always responded to appropriately.

Inadequate



### Is the service well-led?

The service was not well-led. They had a registered manager in place, however, people who used the service, their relatives and staff told us the management of the home was ineffective.

Inadequate



# Summary of findings

The service had quality assurance and monitoring processes in place but these were not effective and had not improved the service.

# Folkestone Nursing Home

## Detailed findings

### Background to this inspection

The inspection took place over two days on the 12 and 28 August 2014. The inspection team consisted of two inspectors, a specialist advisor with a background in nursing and dementia 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.

Before the inspection we looked at information that CQC already held about the service. This included information about its registration, previous inspection reports and notifications of significant events the service had sent to CQC. The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted health and social care professionals who worked with the

service to obtain their views and we received information about the service from the tissue viability service, the dietician service and the local authority with responsibility for commissioning within the service.

Over the course of the two days of our inspection we spoke with eight people who used the service and 10 relatives. We spoke with 21 staff. This included the nominated individual, the registered manager, the cook, the activities coordinator and 17 care and nursing staff. We spoke with a GP and a priest who were visiting the home during the course of our inspection in a professional capacity. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We examined various records. These included seven sets of records relating to individuals care, staff training records, minutes of various meetings including staff meetings and resident/relatives meetings, records of complaints and policies and procedures including the complaints and safeguarding adults policies.

# Is the service safe?

## Our findings

At the previous inspection of this service in January 2014 we found they were non-compliant with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the service did not keep comprehensive and up to date records of the care provided to people. At this inspection we found the service had taken steps to address this because they recorded the care provided to each person on a daily basis.

People told us they felt safe at the service. One person said, "I certainly feel safe." A relative told us, "My husband is safe." The service had safeguarding adult's procedures in place. All the staff we spoke with told us they had undertaken training about safeguarding adults. Staff were able to name the different types of abuse and were aware of their responsibility for reporting any allegations of abuse. Staff were also aware of procedures for whistleblowing to organisations outside of the service.

The service had notified the Care Quality Commission (CQC) of allegations of abuse and we found referrals had been made to the local authority adults safeguarding team. However, during the course of our inspection we viewed a complaint made by a relative that a person living at the service was exhibiting inappropriate behaviour towards other people living at the service. Although the complaint had been investigated by the service they did not make a safeguarding referral to the local authority safeguarding adult's team. This allegation dated from March 2014. If safeguarding issues are not responded to appropriately this puts people at risk. We discussed this with the registered manager and who told us they would make a referral within 48 hours of our visit.

One person who had the capacity to make decisions for themselves told us there were no restrictions on their freedom. The person said, "I am able to go out when I like without staff support." The registered manager told us that at the time of our inspection two people were subject to Deprivation of Liberty Safeguards (DoLS) authorisations. CQC had been notified of this. Mental Capacity Act 2005 and DoLS is law protecting people to support them to make decisions where they lack the capacity to do so themselves or whom the state has decided their liberty needs to be deprived in their own best interests. We found that appropriate procedures had been followed for these two DoLS applications. The registered manager told us that

most people living at the service would have their liberty restricted if they attempted to leave the home without any staff support. However, the service had not made DoLS applications where this was the case except for two people previously referred to. The registered manager was unaware of a recent ruling by the Supreme Court which clarified where a DoLS authorisation was required. The registered manager told us they would make DoLS applications for people whose liberty was restricted.

Risk assessments were in place including information about how to manage and reduce risks, for example in relation to falls, malnutrition, pressure ulcers and catheter care. Staff had a good understanding of the individual assessed risks of people and how to support them to manage the risks. We observed staff supporting people safely in line with their risk assessment. For example the risk assessment for one person said they had to walk with the aid of a frame and staff were to remain with them at all times when they were walking and we observed that this was followed.

People told us there were enough staff to meet their needs. One person said, "I think there is enough staff. Whenever you need them they are there." A relative told us, "I think they have enough staff as not a full capacity of people. Never noticed a difference of staffing levels on weekends."

Staff told us that staffing levels were adequate to meet people's personal care needs. However, staff told us that if a person needed staff support to attend an appointment that often left just one staff on the floor to support the remaining people. They told us this meant people had to wait a long time for their needs to be met, including when they needed to use the toilet. The nominated individual told us that sometimes extra staff cover was arranged when there was a planned medical appointment, but added this was not always the case. This meant there were times when there were not enough staff working at the service.

Most staff we spoke with expressed concerns about the high level of agency staff used at the service. They told us that as agency staff often did not know the service or the people that lived there it placed more of a burden on permanent staff. A nurse told us, "On the shift there is not enough staff. They (agency staff) don't know what to do." They told us when working with agency staff things were sometimes done late, such as administering medication and that there was not enough time to sit and chat with people. A care assistant told us, "At the moment we have a

## Is the service safe?

lack of carers, most of the time we have to call an agency. It's a bit harder with agency, they don't know the residents. We have to tell them everything so it takes longer." Records showed that during July 2014 on average over 12 hours of caring and nursing time was carried out by agency staff each day. We discussed the staffing situation with the nominated individual. They told us the problem was worse during the summer months partly due to high levels of annual leave taken by permanent staff. However, they told us the service had five vacancies across nursing and caring staff and that, "We are struggling a lot to get staff." They said they were actively seeking to recruit staff to fill the vacancies and hoped to have this completed by the end of October 2014. The inconsistency of staff caused by the high

use of agency staff meant that at times the service struggled to meet people's needs. This is a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at the recruitment records of three recently recruited staff. We saw there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These checks included appropriate written references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people. Records showed that all nurse's registration was up to date. The home had a recruitment policy and procedure which reflected the files we looked at.

# Is the service effective?

## Our findings

Prior to our visit we discussed the service with the relevant local authority that had responsibility for commissioning the service on behalf of local people. They expressed concern that the service did not provide its staff with adequate training about dementia and staff were not sufficiently knowledgeable about the needs of people with dementia. They told us that most staff had only received basic dementia training even though the vast majority of people living at the service had dementia. They told us they had concerns that staff were not sufficiently knowledgeable about the needs of people with dementia.

Care and nursing staff we spoke with told us they had done basic dementia training, but that this was limited in scope. For example, one staff member told us they had done dementia training in one day, which also covered two other topics. Another staff told us they had only received half a day's training about dementia. One member of staff said they had received, "a couple of hours" of dementia training. Another member of staff said, "They need to train their staff more. I have not had training in dealing with aggression."

Staff did not always demonstrate a good understanding of the needs of people with dementia. One member of staff said of people living at the service, "They are not normal people like you and me." Another member of staff said of a person, "That one is a problem, she takes her clothes off." We observed there was a lack of activity and interaction with people in the service, people were mostly sat in their rooms with televisions on, even though, in most cases, they were not being watched. This showed staff did not always have a good understanding of the needs of people with dementia or how to respond to these appropriately.

We found that staff had one to one supervision with a senior member of staff every two to three months. Supervision included discussions about issues relating to people and staff training.

The nominated individual told us they had identified lack of dementia training as a priority area for improvement in the service. They said and records confirmed that 12 care and nursing staff attended an advanced dementia training course in-between the two days of our inspection and that all care and nursing staff would receive advanced dementia training by the end of October 2014.

We found that other training was provided. Staff told us they had received training about various subjects including moving and handling, first aid, health and safety and the Mental Capacity Act 2005. Staff provided us with a copy of the completed training records for staff. This showed staff had also undertaken training covering infection control, the management of medication, dignity and privacy and safeguarding adults.

Prior to our visit we discussed the service with a Community Nutrition Support Dietician who provided professional support and guidance to the service. They expressed satisfaction with how the service met people's dietary needs. They told us the service made timely and appropriate referrals to the dietician service and provided them with monthly updates. They also praised the quality and range of food offered.

Risk assessments were in place about the risk of malnutrition and dehydration. Where people received nutrition via percutaneous endoscopic gastrostomy (PEG) feeding there were clear and up to date care plans in place and staff were aware of safe procedures regarding this. PEG feeding is a way of feeding people through a tube a person's stomach when they cannot eat and drink adequately

People told us they liked the food provided and they were offered a choice. Comments included, "Its nice food here" and "They give you a choice at lunchtime." The cook had a good understanding of people's dietary requirements and food likes and dislikes. They told us that if people wanted something that was not on the menu they would prepare it for them as long as they had the ingredients in stock. This meant people were provided with a choice of food.

Prior to our inspection we discussed the service with the Tissue Viability Service. They told us they did not have any concerns about the service. During the inspection we talked to a visiting GP who was carrying out their weekly visit to the service. They told us that people were referred to them appropriately and that staff had a good understanding of people's needs.

Care plans and risk assessments covered people's health care needs. We saw risk assessments were in place about managing skin integrity and the risk of pressure ulcers. We found that pressure ulcer care was managed in line with people's care plans.



## Is the service effective?

We saw records that showed people had access to health care professionals including GP, consultant psychiatrists,

podiatrists, opticians and the Community Mental Health Team. Advice from health care professionals was incorporated in to people's care plans and followed by staff. This meant people's health care needs were been met.

# Is the service caring?

## Our findings

People told us they were treated well by staff. One person said, "I am treated with dignity and respect. I have no qualms about living here at all." Another person told us, "I love it here. I can't find any fault with it at all. I'm very comfortable here." People said their privacy was respected by staff, one told us, "I had a shower this morning and they always close the door." A relative said, "I think staff are caring. They show a great deal of respect for the residents."

We found people were supported to make choices about their care. People were involved in developing their care plans as were their relatives where appropriate. We saw that people and relatives had signed care plans which indicated their involvement. Care plans included information about people's likes and preferences such as what time they liked to get up in the morning and their food preferences. One care plan said the person liked to have their door left open at all times and we observed it was open during the course of our visit which showed staff respected people's wishes.

Care plans included information about people's communication needs. Staff told us how they used different methods to communicate with people. For example, by using objects of reference to support people to make choices, for example by showing people two sets of

clothes they could choose the one they wanted to wear. The care plan for one person said they spoke only limited English and we found there were staff working at the service that spoke the person's first language.

We found that the service sought to meet people's needs in relation to equality and diversity. For example, food was provided that met people's cultural and ethnic backgrounds. We spoke with a priest who was giving Holy Communion on the day of our inspection. They told us they regularly visited the home and gave religious services in addition to Holy Communion to individuals.

Staff told us how they promoted people's dignity. For example, they said they made sure doors were closed when providing personal care. Staff said they talked to people about what they were doing, offering them choices and that they supported people to manage as much of their own care as possible. Staff said they knocked on bedroom doors before entering bedrooms and we observed this to be the case during the course of our inspection.

We saw that although staff often did not have a lot of time to simply sit and chat with people, the interactions between staff and people were friendly and polite. Staff were seen to smile at people and talk with them in a calm and reassuring manner and people appeared relaxed and at ease in the company of staff.

# Is the service responsive?

## Our findings

At a previous inspection of the service in January 2014 we found they were not meeting people's assessed needs. During this inspection we found the service was still not meeting people's assessed needs.

Care plans were in place for all people. However, we found instances where care plans were either not being followed or they contained out of date information. This was the case in four of the seven sets of care records we examined. For example, the care plan for one person said they were at 'very high risk' of developing pressure ulcers. This assessment was dated July 2014. Staff confirmed that the person was at high risk of developing pressure ulcers. However, the guidance for staff about how to reduce the risk was from 2011 and staff told us it was out of date and no longer relevant to the person. This meant there was no up to date information about how to reduce the risk to the person.

The care plan for one person said staff needed to ensure they wore appropriate footwear, but we observed them being supported to access a community based activity wearing a pair of slippers. The care plan for another person said they needed to wear 'closed shoes' to reduce the risk of them falling, yet we observed they were wearing flip flops during the course of our visit.

Most of the people and relatives we spoke with told us there were not enough activities for people. One person said, "Only one activities coordinator for three floors is not enough." Another person told us, "I would like to do exercises. I just lie here." Another said, "Not sure if they have activities here. I think there is. I did play games once." A relative told us, "None of them have enough to do in the day. Some boredom here. They could do with more activities." The home employed a full time activities coordinator who worked Monday to Friday. During weekends and other periods when the activities coordinator was not working no staff were designated to act as an activities coordinator but the nominated individual told us that other staff were expected to provide activities during these times. However, staff told us they did not have time to provide activities.

During the course of our inspection we did observe some activities taking place. For example, on the first day of our

inspection we saw a sing-a-long with nine people led by the activities coordinator and on the second day the activities coordinator led a discussion of the day's newspapers with three people. However, for most of the time we observed that people were not engaged in meaningful activities. They were either left alone in their bedrooms or sitting without interaction or stimulation in communal areas. Care plans were not always been followed and sometimes contained out of date information. There were limited activities to engage and stimulate people. These issues constitute a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they knew how to make complaints. One person said, "I would tell one of the nurses if I wasn't happy. I would think they would do something about it." A relative told us they had made a complaint relating to food and that it had been dealt with appropriately and the matter was resolved.

The service had a complaints procedure which was on display in a communal area of the home. However, the registered manager told us that people who used the service and their relatives were not routinely given a copy of the complaints procedure but could obtain one upon request. The procedure included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. Staff we spoke with told us they would report any complaints to the registered manager.

The registered manager told us the service had received two complaints this year. One had been dealt with appropriately. However, the other was not responded to in a timely manner. We found that a relative had made a complaint to a member of staff and was told the registered manager would contact them. However, the complaint was not reported to the registered manager and the relative had to make their complaint again directly to the registered manager. The complaint related to the behaviour of a person who used the service. We found that not all elements of the complaint had been satisfactorily addressed by the service. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

# Is the service well-led?

## Our findings

The service had various quality assurance and monitoring systems in place. However, these were not sufficiently robust to lead to improvements in the service. For example, a survey was carried out in February 2014 to seek the views of people who used the service and their relatives, but people told us they had not seen the results of the survey. One person told us, "I think we filled in a survey once but never got a reply what was the result." A relative said, "I did a survey about nine months ago. I didn't find out the results."

The service had completed a table which detailed the results from the survey. This showed people had raised concerns in a number of areas, including how complaints were dealt with, the level of choice over what people could do in the day and the levels of staff on duty. However, despite these concerns being raised the service had not produced any action plan in response to the results of the survey and we found these were still areas of concern during our inspection. This meant the provider had not taken steps to make improvements where shortfalls in the service had been identified.

The provider held relatives and residents meeting every three months. A relative said of one of these meetings that was led by the nominated individual, "There was a residents meeting. The manager just sat there. At the end of the meeting the manager was asked if she had anything to say and she said 'no.'" The minutes from a residents/relatives meeting held in February showed that people wanted more activities in the home and some day trips. It was noted that since that meeting two day trips had been arranged, one to a city farm and one to a zoo. However, there had not been any increase in the level of activities provided in the home on a day to day basis.

The registered manager told us staff meetings were held every two to three months. The records of the most recent staff meeting showed that all the agenda items had been

set by management, although the registered manager told us staff could put issues on the agenda if they wished. The nominated individual told us the service did not carry out a staff survey to gain their views on the running of the service.

The service did not have effective systems in place to regularly assess and monitor the quality of care provided. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had a registered manager in place. However, most of the people who lived at the service and their relatives who we spoke with had concerns about the management of the home. One person said, "I've got no time for the managers, you don't really get any contact with them." A relative told us, "The manager is not very visible. The previous manager was more hands on. I can't remember the last time I saw her and I come two to three times a week. She has an office in the basement and she stays there." Another relative said, "The manager is friendly and helpful but doesn't understand the residents. She doesn't understand people with dementia."

Most of the staff we spoke with told us they found the management to be unhelpful and unapproachable. They said that managers favoured some staff over others and that managers did not want to listen to the concerns of staff. Staff expressed concerns that when they did raise issues with managers in confidence this would be broken. Staff also told us that managers did not take steps to deal with issues that they raised.

We discussed these issues with the management team of the nominated individual and the registered manager. The nominated individual told us that care staff should not raise issues with the registered manager, rather they should discuss them with the nurses. However, those staff that expressed dissatisfaction with the management included nursing staff as well as care staff and they told us they found management to be unhelpful and unsupportive. Before our inspection we sought the views of the relevant local authority with responsibility for commissioning the service. They told us, "The registered manager lacks dynamism, she is reactive rather than proactive."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing  In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. Regulation 22

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints  For the purposes of assessing, and preventing or reducing the impact of, unsafe or inappropriate care or treatment, the registered person must have an effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments made by service users, or persons acting on their behalf, in relation to the carrying on of the regulated activity. In particular, the registered person must bring the complaints system to the attention of service users and persons acting on their behalf in a suitable manner and format and provide service users and those acting on their behalf with support to bring a complaint or make a comment, where such assistance is necessary and ensure that any complaint made is fully investigated and, so far as reasonably practicable, resolved to the satisfaction of the service user, or the person acting on the service user's behalf. Regulation 19 (1) (2) (a) (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

This section is primarily information for the provider

## Action we have told the provider to take

Treatment of disease, disorder or injury

The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity; and regularly seek the views (including the descriptions of their experiences of care and treatment) of service users, persons acting on their behalf and persons who are employed for the purposes of the carrying on of the regulated activity, to enable the registered person to come to an informed view in relation to the standard of care and treatment provided to service users. Regulation 10(1)(a)(2)(e)

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services  <b>The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of the carrying out of an assessment of the needs of the service user; and the planning and delivery of care and, where appropriate, treatment in such a way as to meet the service user's individual needs and ensure the welfare and safety of the service user.</b> Regulation 9(a)(b)(i)(ii)

**The enforcement action we took:**

The care Quality Commission issued the service with a Warning Notice which said they had to ensure the breach in Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of service users was addressed by 30 November 2014.