Mr Barry Potton

Thornton Manor Nursing Home

Inspection report

Thornton Le Moors
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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?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 10 February 2015 and was unannounced. This meant that the provider did not know that we were coming. We last inspected this location on 14 February 2014 and at that time it met the regulations.

Thornton Manor provides nursing and personal care for up to forty seven people with physical illness and /or dementia. At the time of the inspection there were 41 people living at the location. The accommodation is provided on two floors. The home is set in its own grounds in a rural location between Ellesmere Port and Chester.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.This was replaced on 1 April 2015 by the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report

People and their relatives were positive about the home and the care that was received. They told us that staff were" kind", "patient" and they "liked them"." We saw that staff did not rush people and took the time to talk and chat. We also saw that there was lots of activity to keep people occupied and stimulated. We found that not everyone was aware of the complaints policy and it was inaccurate and up to date. Relatives told us that staff and the registered manager were approachable and they could go to them if they were worried. We saw that a survey had been sent out recently to seek the opinion of those using and visiting the service

Staff knew the people they were supporting and provided a personalised service. Care plans were in place and detailed how people wished to be supported in terms of choice. However, these weren't always legible, up to date or reviewed. This meant that people may not get the right care from someone who did provide care to them regularity. We saw that staff, who spoke with us, on the day, understood the care that people needed and encouraged them to do things for themselves. We found that records about people were not stored securely and therefore information about people was not kept confidential.

Where people were able, they were involved in making decisions about their care. Relatives also told us that they were involved and consulted. When a person lacked the capacity to make a specific decision, staff did not always take into consideration the Mental Capacity Act 2005(MCA). For example, staff asked relatives to make decisions without any evidence that they had legal authority to do so. The Deprivation of Liberty Safeguards was not always considered where applicable. (This is where an application can be made to lawfully deprive a person of their liberties where it is deemed to be in their best interests or for their own safety.) For example, the provider had not considered applications for a number of people, even though their liberty was being significantly restricted by them not being able to leave a secure environment of their own accord.

We saw that people lived in an environment that was clean but in need of some refurbishment and decoration. We identified concerns about the safety and suitability of equipment within the home that placed people at risk. We saw, for example, that equipment required in the event of someone having a cardiac arrest was not fit for purpose.

People received care from staff that had been through the appropriate recruitment processes to ensure that they were suitable to work in the care sector. Staff had also received training and ongoing support in order to support them to carry out their jobs effectively. We did, however, see that the policies and procedures, put in to support and guide staff were not kept up to date. The registered person should set out to Care Quality Commission, in a statement of purpose, its aims and objectives of the service and ensure that this is kept under review. We found that this had not been reviewed since 2009.

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 completely safe.

Equipment for use in an emergency was not complete or fit for purpose. People were therefore not protected from the risks associated with the equipment needed to support them.

However, people told us that they felt safe and cared for. Staff had undertaken training in safeguarding and were able to tell us what they would do if they witnessed abuse or poor care.

People received their care from staff that had been through appropriate recruitment processes. This meant that staff that had been checked to ensure they were suitable to do the job.

There were systems in place to ensure that people had the medication they required.

Is the service effective?

Requires improvement

The service was not fully effective.

Staff had training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). However, this was knowledge was not evident in practice particularly around decision making. Where people lacked in capacity, the service failed to consider whether restrictions put in place for someone's safety required legal authorisation through the DoLS.

There were sufficient numbers of staff on duty to meet the needs of the people using the service. Staff received training and support in order for them to carry out their jobs and were being encouraged to develop new skills.

People told us that they liked the food and we saw that there was plenty of choice.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives told us that they were well cared for and that the staff were kind to them. We saw that staff interacted well with people and had good relationships with them.

People were able to stay at the home and cared for at the end stages of their lives.

Is the service responsive?

Requires improvement

The service was not always responsive.

Summary of findings

The complaints policy was not accurate or up to date and not all people using the service or their relatives were aware of it. People did tell us they would raise concerns with the registered manager and were confident that they would be resolved.

Records about people and the care that they required were not always up to date or legible. Staff we spoke with were able to tell us about those they looked after , However, there was a risk that people may not always get the right care from staff that did not know them well

Is the service well-led?

Requires improvement

The service was not well led in all aspects.

There was a registered manager in place that people, relatives and staff felt was approachable and proactive. The staff told us they felt supported and the registered manager encouraged them to develop new skills.

However, the policies and guidance for staff to follow were not all up to date and therefore staff may not be delivering care in line with current best practice. The statement of purpose that should reflect the aims and objectives of the service was out of date and did not promote a person's right to choice and control.

Robust quality audit systems were not in place to assess and demonstrate the effectiveness of the service for people. However, we saw that the registered manager had recently sought the opinion of those living at the home and their relatives.

Records about people were not kept secure and confidential which meant that anyone coming into the home could read about a person living there.

Thornton Manor Nursing Home

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.

The inspection took place on 10 February 2015 and was unannounced. This meant that the provider did not know that we were coming.

The inspection was carried out by three adult social care inspectors. Before we visited we looked at the information that we held about the provider. We also spoke to the local authority's commissioning service, safeguarding and quality assurance teams. Before the inspection we received some concerning information which we took into consideration.

During the inspection we spoke to seven people who used the service, six relatives and three visiting professionals. We spoke with seven staff on duty as well as the deputy and registered manager. We looked at the care records for nine people and also records that are kept in relation to the management of the home.

We used a number of different methods to help us understand the experiences of people who used the service. 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 communicate with us.

Requires improvement

Is the service safe?

Our findings

The people we spoke to at Thornton Manor told us they felt safe and cared for. A person said "I have been here a while and I stay here because I feel safe". This view was echoed by relatives who told us "I know when I am at home my mother is being well looked after and safe, I can`t praise the staff enough", "Mum is 100% safe here, and staff are very good and attentive." A person that visits at different times of the day told us that despite some people having behaviour that challenges, that they had never seen "Any staff member lose their temper. Staff are very good and patient".

People and their relatives told us that there were enough staff on duty. "If I need anything I just press the buzzer and staff will normally be in within a couple of minutes, sometimes quicker", "The staff are very quick if people need anything – the bells go in people`s rooms and staff go straight out to see who is calling". We saw that the numbers of staff on duty were reflected in the rotas and during the inspection we saw that people's needs were met in a timely manner. People had access to call bells.

Records showed us that staff had undertaken safeguarding training. Staff we spoke with were able to identify types of abuse and told us what they would do if they became aware of a concern. The provider did not have its own safeguarding policy in place but relied on that from the local authority. Staff were also aware of the whistleblowing procedure and said they would use it if necessary.

We looked at four recruitment files and found that the provider had made the required checks. There was evidence that they made checks from the Disclosure and Barring Service and suitable references were in place. This meant that people who used the service were supported by staff that were deemed suitable to do so.

Risk assessments were carried out. These included moving and handling, mobility, falls, nutrition, pressure area care, and medication. There was evidence that action was taken following the identification of a risk for example we saw that where people were at high risk of developing pressure ulcers that an assessment had been carried out and an air mattress was in place. Where there had been an accident or incident, this had been recorded in the person's care plan and an accident report submitted. The registered manager reviewed these and we saw that she analysed the information to look for themes and trends. There was evidence that action was taken as a result e.g. we saw that a person had been provided with a falls senor as the result of a number of un-witnessed falls.

The provider had systems in place for the management of medicines. There were audits in place to monitor and these were completed monthly. We saw that the pharmacist had recently carried out an audit and review of medication. Medication was stored and recorded in line with legal requirements. An oxygen room was available; however, this was not used at the time of the visit. We were told for safety reasons that the only time oxygen was kept was when it had been prescribed by a Doctor. We saw on the upstairs unit that medication was administered and recorded in a safe and person centred way. We observed a staff member who took time to encourage someone to take their medicines as they were reluctant. Some people had their medications covertly (hidden) and there were capacity assessments and best interest meetings documented with GP involvement. On the ground floor we saw a nurse administer medication at lunch time but she failed to record it as given 35 minutes later. They told us that they usually sign at the time of administration but could not tell us why they had not on this occasion. We brought this to the attention of the registered manager who told us that she would address the issue with the nurse.

Prior to the inspection, concerns had been brought to our attention about equipment used for medical emergency and carrying out resuscitation. We saw this equipment in place and clearly available for staff to use. We saw that it contained no checklist to tell staff what should be within the box, there were items missing, the packaging of some parts had been opened so it was not sterile, and one item contained water droplets and appeared used. There was a risk that staff or emergency crew would attempt to use this. The registered manager told us that this kit was no longer used and that they would ensure that it was removed. She told us that new equipment, recommended on recent training, had been ordered. There was no emergency protocol in place for staff to refer to in the event of a medical emergency and the registered manager told us that the nurse would take control of such a situation and direct staff.

We found that the registered person had failed to ensure that equipment was safe to use for its intended purpose. This was a breach of regulation 16 of the

Requires improvement

Is the service safe?

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that equipment was stored in a bathroom and we observed a person living with dementia trying to move it which posed a risk to health and safety. We also saw an unlocked cupboard stacked with wheelchairs, hoists and other equipment. The registered manager could not tell us if this equipment was safe, in use or who it belonged to. There was a safety risk to staff and residents if they tried to access or use this equipment. We asked the registered manager to review the storage of equipment.

The registered person had failed to ensure that equipment was secure or maintained. This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had arrangements in place to ensure that safety checks were carried out on utility services. There was an up to date fire risk assessment in place, evidence of staff training and drills and personal evacuation plans were in place for each person.

The home was clean and there were domestic staff on duty throughout the day. We did note that some areas of the home were in need of refurbishment and repair. The provider had fitted window restrictors on the ground floor which the registered manager told us were for “security”. We saw that they were not “tamper proof” and some were broken. This was a risk as some people had been assessed as not being safe to leave the premises alone having been on previous occasions been found outside. We spoke with the registered manager who told us that the safety and effectiveness of the restrictors would be reviewed.

Requires improvement

Is the service effective?

Our findings

People were able to lock their own bedroom doors and could have their own key in order to keep their possessions secure. In order to assist people to locate their room, not only did they have their names on the door but an individualised sign that meant something to them. There were picture and word signs on communal facilities such as the bathroom and toilet doors to aid orientation.

We observed that staff sought the opinion and consent of people whilst carrying out care tasks and gave them choice. Staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff we spoke with demonstrated limited knowledge about how this affected their day to day role. The care plans that we reviewed had a "capacity to consent" form but it was not "decision specific" and so did not specify what areas of care and support had been agreed to. A "determining capacity" document was in place but simply stated "lacked capacity" without evidence of an assessment having taken place. We saw that relatives had signed to give consent but there was no evidence to confirm that they held a Lasting Power of Attorney for care and welfare. The registered manager confirmed that they do not request these from family members. This meant that there was a risk that decisions may not have complied with legal requirements.

The registered person did not ensure that care and treatment was provided with the consent of the relevant person or acting in accordance with the 2005 Mental Capacity Act. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People moved around safely within the units but security fobs were required to exit the upstairs unit, the front door and doors were alarmed. People with capacity were able to gain access easily but those who lacked capacity could not and we observed some people being encouraged not to exit. The staff told us that these measures were in place to prevent some people from going out as they were not safe and did not understand the risks. Other people, who could not consent, had bedrails fitted and were in bed for extended periods of time .These restrictions of liberty could amount to an unauthorised deprivation but no consideration had been given to DoLS and whether people were being unlawfully restricted. The registered manager told us she had made only one application submitted to the "supervisory body".

The registered person did not ensure that care and treatment was provided with the consent of the relevant person or acting in accordance with the Mental Capacity Act 2005. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records indicated a person had been admitted with pressure sores and had been prescribed a high protein diet and zinc medication to aid the healing process. These records were clear about the care required, actions taken as directed by tissue viability and progress made. We were told that the staff asked for medical assessments appropriately, were proactive to GPs direction and that they worked together to avoid hospital admissions. We spoke to a commissioner who told us that the home looked after people with behaviours that challenge and had succeeded where other providers had failed in providing effective support.

People were happy with the food. They said "Well you were here and seen the choice we got – and if you want any more you just need to ask" , "If there is something on the menu we don't fancy the cook will always do something else for you." Menus were displayed on the dining room wall and people chose at the time what they wanted to eat. The home would benefit from picture menus for those who had communication difficulties. Following the last inspection, the provider reviewed meal times and, after consultation with people, the main meal was changed to tea time. People confirmed that they preferred this and the chef noted that there was now less food wastage. There were balanced menus with meats, fish and vegetarian options. Special diets were catered for and kitchen staff were knowledgeable about their requirements. We observed though our SOFI that people were encouraged to be independent at meal times but received support where required. We also saw that that not everyone was offered a drink with their meal and some people had to ask for one. Drinks and snacks were encouraged during the day.

Requires improvement

Is the service effective?

Staff received training in key areas such as moving and handling and safeguarding, but were also encouraged to develop additional skills. All staff had just undertaken first aid and resuscitation training following a recent incident. New staff went through an induction programme of training and orientation. We spoke to a new staff member who told us that it was "relaxed" and the "More experienced staff were willing and able to support anyone new."

Good

Is the service caring?

Our findings

Most people that we spoke with told us "The staff are so helpful and if you need or want anything you just need to ask". A relative we spoke to said that "The way the staff treat my [wife] is friendly and they give her cuddles which she likes". Relatives told us that they also felt supported and cared for and that they were able to visit at any times of the day or evening. We saw that they were made to feel welcome and that staff spoke with them. One person who visited said "The staff here keep in touch, when we come in someone comes over and talks to us and gives an update on how things have been", "I think all the staff do a great job here – it can`t be easy for them at times but they always find time for everyone".

People and relatives told us that there were involved in care planning and care plan reviews. Some of the relatives we spoke to told us that they had seen and read the care plans written for the care and had signed to agree with them.

We observed someone was shouting out in the lounge for long periods and staff tried to distract them with a drink with little effect. A different staff member went over and sat with them, chatting. Staff member was very calm and this encouraged them to be calmer. This approach worked and then she offered them a drink and some chocolate. Staff member worked very well with the person, showed them care, respect and dignity throughout the interactions.

One person we spoke with said that staff were not always patient with them and that they felt "a nuisance". On the day of inspection they were sat on a hoist sling that was crumpled and they told us that this caused discomfort. We asked the registered manager about this and she told us that that the sling was suitable to remain sat on and staff had difficulty in transferring if it was removed. However, they acknowledged that they should have been made comfortable.

We saw that there was a dignified approach by staff, e.g. knocking on people's doors before entering and asking before supporting people. Staff were patient, friendly, supportive and used people`s preferred names. We did, however, note that when speaking with us a number of staff referred to people who required assistance with meals as "the feeds". This did not afford dignity and respect. During the SOFI, we noted that staff wore blue plastic gloves whilst feeding people and staff told us this was for "hygiene" reasons. On our inspection we saw that dining tables were laid appropriately. However, "monthly meal time audits" carried out suggested that staff did not feel it was safe for people with dementia to have the table set with cutlery and condiments. "Due to the high proportion of dementia clients who wander and pick things up off the table". We spoke to the registered manager and asked that she address these issues with staff though training.

We spoke with three visiting professionals. They all praised the home, the registered manager and staff. One, who visits weekly, told us that staff were knowledgeable about the people who lived there and gave "A holistic approach to care". They said that "It is not a home where things go on that you don't know about."

The home had achieved the Gold Standards Framework which was an accreditation for End of Life Care. This meant that they worked with the GP's and other professionals to ensure that people could spend the remainder of their lives in the home if this was their wish. The registered manager told us that this was due to be reviewed but that they hope to maintain this status.

Requires improvement

Is the service responsive?

Our findings

People we spoke to told us that they had help with the things that they needed .Relatives that we spoke with told us that the staff were responsive to the needs of their loved one "The staff are in and out and have been brilliant with[a], [a] was not well a few months back but the change now is unbelievable".

Some relatives were aware of how to raise a concern. "I know who to talk to if I had any problems but to be honest I have never had to". The quality questionnaires sent recently had highlighted that not everyone knew about the complaints process. There was a complaints policy but it was not readily available in the home. We found that it did not contain accurate information as to how to make a complaint and it did not direct people appropriately if they felt that their complaint was not satisfactorily addressed .The manager told us that there are no complaints since the last inspection.

The registered person had not ensured the complaints process provided accurate information and it was not up to date. This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to a person who had a number of injuries to their hands and arms. They told us that they "Catch and knock them on the walls" when trying to manoeuvre in a wheelchair. The person told us that they had asked to move to a bigger room "Like they first had" where they would not have to "Squash down the corridors" and where they could access their own bathroom. There was no risk assessment in place and skin care plans also indicated that there were no concerns or broken areas. We spoke to the registered manager and asked that the persons care needs were reviewed and that consideration was to be given to them moving to a room more suitable to their needs.

Staff we spoke to told us that they would support people to take risks and saw people as individuals. However, the statement of purpose of the provider did not promote choice and people rights to take control of their own lives and if they had capacity. It stated in regards to alcohol that it "will be permitted but only under the guidance of the manager. All alcohol brought into the building by the people's family or friends must be given to the nurse on duty to enable alcoholic intake to be supervised".

Staff we spoke with had a good understanding and knowledge of a person's individual care needs and were able to explain their needs to us. However, we found that the care plans we looked at were not consistent in their content and detail. Some of them were difficult to read due to illegible handwriting and there was a risk that someone would not be able to deliver the care required as a result of that. The registered manager told us that she was aware of this and was looking at ways of addressing the issue. Not all service users' histories were completed and not all "consent to care" forms that were in place had been signed. We also saw that daily reports were very brief and at times just single entries such as "no change". We saw that monthly evaluations of the care plans had not always taken place and were not meaningful. This meant that there was a risk that there may not be a true and accurate written reflection of how someone was and the care required. One person's care plans had not been reviewed since 2013 and there was little or no evaluation of some key elements such as risks of smoking, refusal of medication and self-harm. Nursing staff need to be aware of the Nursing and Midwifery Councils code of practice on records 2009 that sets of the standards for recording and makes it clear that "record keeping is an integral part of nursing and midwifery practice, and is essential to the provision of safe and effective care."

People told us "We are asked if we want to take part in anything – I have been asked if I want to go out this afternoon but I can`t as my daughter is coming". We saw that there were lots of activities taking place and the local college students were visiting to support people with arts and crafts. We saw that people enjoyed this. There was a diary that logged all group and individual activity. There was a minibus available for people to access the local community. During the inspection we saw that a person was enabled to go to town to do their "banking" and also people were offered a trip to go to the local market.

Requires improvement

Is the service well-led?

Our findings

The home has a registered manager who has held that position since 2011. People and their relatives were aware of who she was and said that "The manager is a down to earth person, who will listen to you and act on what you say." "She is always available, either at the home on via the phone. Never hard to get hold of her".

The staff told us that the registered manager supports them and that they work well together as a team. "We support each other well here, we are a good team and works together to make sure people are happy and kept safe". "We do get well supported here, I think that`s why so many of the staff have been working here for years"". We were told that the deputy and the manager "Are easy to talk to and listen to what we have to say, especially at meetings, they support us with our training needs". There were monthly staff meetings that addressed a range of issues. We saw the notes of the meetings and staff confirmed "We have meetings the last Wednesday of every month and the senior staff were now going to meet up once a week for a separate meeting". The nurses told us that they had planned to start "professional clinical development meetings". Staff said that the manager "Was absolutely open to new suggestions as to how to make things better". We saw that supervisions and appraisals were carried out and staff confirmed this.

The manager had recently sent out the annual questionnaires and some responses had been returned. She told us that they no longer have relatives meetings as "They were not well attended" and "I am always available for people". A relative confirmed this and told us "I have completed a couple of surveys – I`m not sure about resident meetings though – I have not been to one". The manager and deputy manager "Are really nice - if you need to talk to them you just go and knock – never a problem." There were no resident's meetings held and the registered manager said this was because "so very few residents have capacity" but that people were consulted about any changes and encouraged to voice an opinion. We spoke to the registered manager about the need to develop innovative ways of ensuring that the views of people using the service, relatives and professionals are captured throughout the year if meetings are not successful.

The registered manager carried out a "monthly managers check list" and we saw that in January and February there were no issues identified. We saw that there was no set audit programme in place for key aspects of the service such as infection control, but we saw that medicines were audited by nursing staff.

We looked at the policies and procedures folder and saw that the majority of them did not have a review date and others needed to be reviewed in the light of changes to law, policy and best practice. For example. The winter and severe weather plan was dated 2010/11.

We also saw that the registered manager failed to keep the personal records of people who used the service secure and confidential. Care plans, risk assessments, and other personal information were kept on shelves in the open reception area of the location. This meant that anyone entering the home had access to information held on the people living there.

The registered person had not ensured that records, in regards to the regulated activity, were up to date and records relating to individuals were not stored securely. These were a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider is required to have a Statement of Purpose that sets out its aims and objectives and that this is kept under review. The provider had last updated this in 2009 despite it stating

"The document will be reviewed every six months unless circumstances dictate that it should be reviewed earlier". The provider needs to review this document as we saw that it did not contain accurate information and did not promote people's rights to choice and autonomy.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: People who used the service and others were not protected as the registered person had failed to ensure that equipment being used for care and treatment was safe for such use.12(1)(2)(e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: the registered person was not complying with the Mental Capacity Act 2005 or the Deprivation or Liberty Safeguards. The service was failing to ensure that where people were being deprived of their liberty for the purpose of care or treatment that this was done so with lawful authority. 13(5)(7)(b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: the registered person did not ensure that records belonging to service users were kept securely. They did not ensure that records relating to the regulated activity were up to date. 17(1)(2)(a)(b)(c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Treatment of disease, disorder or injury	How the regulation was not met: People who use the service were not protected as equipment was not stored securely and was not properly maintained. 15(1)(b)(e)(f).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent How the regulation was not being met: The registered person was failing to ensure that care and treatment was being provided with the consent of the relevant person and was not acting in accordance with the Mental Capacity Act 2005.11(1)(3).