

# Hightown Praetorian & Churches Housing Association Limited

## Litslade Farm

### Inspection report

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Date of inspection visit: 1&2 October 2014

Date of publication: 24/03/2015

### 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

This was an unannounced inspection which took place on the 1 and 2 October 2014.

The home is registered to provide personal care to five people with a learning disability. The building is a bungalow and situated in a village. Each person has their own bedroom all other areas of the home including the kitchen, dining room, lounge and bathroom are shared areas. It is managed by a registered manager. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Most of the people living in the home had up to date care plans. One person did not. This was because they moved from another home without a detailed assessment of their needs being completed. Their care plans related to their life in a previous home and were not relevant or up to date.

# Summary of findings

Most people had risk assessments in place to reflect how care could be provided safely and how people could maintain their independence. However, we found some of the risk assessments did not identify how to minimise or avoid the identified risk. This placed people and others at risk of harm as the risk assessment did not direct staff on how to reduce the likelihood of harm or injury occurring.

Systems were not in place to securely store confidential information or poisonous substances used for gardening and maintenance. A call bell used to summon assistance was not working. None of these things had been identified through the completion of quality audits of the home.

Although staff understood the process of the Deprivation of Liberty Safeguards (DoLS), they were not able to demonstrate an understanding of the Mental Capacity Act 2005 (MCA). People's mental capacity to make decisions for themselves had not been assessed. Without this the provider could not be certain they were acting in the person's best interest.

People were unable to explain to us how they experienced the care being provided to them. Three of their relatives told us consistently the care was good. They spoke positively about the staff and the registered manager. In their opinions the home provided a safe environment, with staff that were suitably trained and experienced. They believed each person was happy to live in the home and they were well cared for and treated with respect.

We observed good care practices, for example the interaction between staff and people was respectful and kind. Staff were observant regarding people's health and reported concerns quickly. They were knowledgeable about the people they supported and worked hard to ensure they were well cared for. People were encouraged to be involved in their care through the use of photographs, this enabled them to make choices about the food they ate and the activities and holidays they participated in.

The provider had not assessed the numbers of staff required to be certain they could provide care safely and meet each person's needs.

Staff were supported through training, supervision, appraisals and staff meetings. They were encouraged to develop skills in areas of particular interest to them. They told us the registered manager was approachable and supportive. Relatives told us they found the registered manager to be experienced and knowledgeable about the people they cared for. A complaints procedure was in place. At the time of the inspection no complaints had been received. Relatives told us there was an open dialogue with the staff and the registered manager, and they could discuss any concerns they had at any time.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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 always safe. Storage of substances hazardous to health and confidential information had not been stored securely.

Care plans and risk assessments were not all up to date and relevant. This meant care was not always planned in a way that protected people from the risk of harm or injury.

Staff had received training and knew how to identify and respond to concerns of abuse.

**Requires Improvement**



### Is the service effective?

The service was not always effective. Senior staff did not show a clear understanding of how to apply the Mental Capacity Act 2005 to the care they were providing.

A number of Deprivation of Liberty Safeguards were in place to ensure people were not unlawfully restricted.

People were supported to make choices about the food they ate and the activities they participated in. Staff recognised changes in people's health and took appropriate action to maintain their wellbeing.

**Requires Improvement**



### Is the service caring?

The service was caring. People were supported by staff that were committed to providing good care.

Staff went 'the extra mile' by volunteering their own time and efforts to decorate people's bedrooms and support them on holiday. This enhanced the quality of people's lives.

Relatives told us people were well cared for and happy living in the home.

**Good**



### Is the service responsive?

The service was not responsive. Care plans based on a thorough assessment of need had not taken place for one person. As a result staff did not feel they had enough information to provide appropriate care to the person.

**Requires Improvement**



# Summary of findings

People's health was monitored and where concerns were raised about health issues, staff responded promptly and appropriately.

## Is the service well-led?

The service was not well-led. The provider did not have systems in place to obtain, record and review feedback on the quality of the service being provided.

The registered manager was popular with the relatives of people, staff and external professionals. We were told by relatives and staff they were accessible and supportive to those who lived and worked in the home

**Requires Improvement**



# Litslade Farm

## 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 checked 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 was unannounced and took place on 1 and 2 October 2014. It was carried out by two inspectors. The home had previously been inspected on 18 December 2013 when it was found to be meeting the requirements in the areas inspected.

We reviewed previous inspection reports and other, information we held about the home including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. Before the inspection, we asked the provider to complete 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 did not receive the PIR before the inspection because of technological difficulties. However, during the inspection we saw it had been completed and we were sent a copy after the inspection.

People were unable to give us verbal information about the service they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We saw how care was provided to people, how they reacted and interacted with staff and their environment. We spoke with three relatives on the telephone after the inspection. We reviewed two staff files and five people's care files. We examined a range of records about how the service was managed including policies and procedures; two staff supervision, training and recruitment files. We spoke with the local authority social work team, who support people that live in the home and review their care.

# Is the service safe?

## Our findings

Not all risks had been assessed and guidance was not always available to staff on how to prevent situations arising. For example, when one person became anxious or upset they may hit out at others. The risk assessment detailed what action to take after an incident, but not on how to prevent or reduce the likelihood of an incident occurring. Another person was known to eat things which posed a risk to their health. There was no risk assessment in place to reduce the likelihood of this happening. Risk assessments and care plans for one person had not been updated since before they moved into the home, they were over a year old and were no longer appropriate. Staff told us they did not feel they had sufficient information to know how to support the person to prevent incidents occurring. Without clear risk assessments and structures in place to minimise risk, people were exposed to possible harm or injury.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Poisonous substances such as cleaning products were locked in a cupboard in the home. A control of substances hazardous to health (Coshh) sheet had been completed. A shed at the front of the property which stored poisonous substances was not locked. People were able to access the shed. This placed people at risk of harm from contact with poisonous substances.

This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Records showed health and safety checks took place every three months and fire safety checks, fire drills and servicing of equipment were all up to date and safe to use. Laundry equipment and gas appliances had been inspected to ensure they were safe to use.

At the time of the inspection there were two staff vacancies totalling 60 hours. The registered manager told us they were recruiting and were using bank staff to fill these hours. The registered manager told us how they allocated staff to ensure there were sufficient staff to support people with activities and the staff rotas verified this. However some staff told us there were insufficient numbers of staff to safely support people when their behaviour challenged staff and other people. As the provider had not carried out a needs analysis and risk assessment to determine

sufficient staffing levels, they could not demonstrate there were sufficient numbers of staff to safely support people. In the PIR the provider showed they were aware of the need to assess the staffing levels and told us 'All staffing levels are being reviewed in November 14'.

Relatives told us people were cared for safely. They said the staff were aware of people's needs and knew how to meet them. One relative said "They do everything in their power to keep them safe." Another said "They are well looked after and staff are alert to their whereabouts." Staff told us people were safe and the staff team cared about their safety and wellbeing.

Staff received training in safeguarding people from abuse. The provider had in place a safeguarding adults policy which had been given to staff to read. Staff were clear about what constituted abuse, how to respond and who to contact if they had concerns. Training records showed seven out of eight staff were up to date with this training. Staff knew about whistleblowing and how to raise concerns, they all had signed a form to say they had read and understood the provider's whistleblowing policy.

Staff showed an awareness of anti-discriminatory practice and how this applied to their role. One staff member gave an example of how they had intervened when they believed a person was being discriminated against when using health care services. The registered manager gave another example of how they had intervened when a person was discriminated against when using a community facility. Staff received training in "diversity". This assisted staff to understand and respect the differences and rights of the people they cared for and their colleagues.

The service operated safe recruitment procedures. Staff files contained Disclosure and Barring Service (DBS) checks, references including one from previous employers and application forms. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults. Interviews were carried out before employment, and DBS checks were repeated every three years, to ensure staff were safe to work within the home.

People received their medicines safely. The administration of medicines records were up to date and accurate. We read protocols were in place for medicines which were

## Is the service safe?

given when needed, for example, pain relief medicines. Medicine audits showed people were given their medicines at the right time in the right amounts. Systems were in place to dispose of medicines safely.

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make decisions. Training records confirmed staff had received training in the MCA however; senior staff did not understand their responsibility in relation to carrying out mental capacity assessments. They told us it was the role of health care professionals or the best interest assessor to carry out mental capacity assessments. Documentation in people's care plans showed that when decisions had been made about their care, their ability to understand or consent had not been assessed. For example, one person had moved into the home, there was no documentation to show the person had the capacity to agree to this decision. This was not in line with the MCA code of practice.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Care Quality Commission is required to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after them safely. The registered manager and deputy manager were clear about the process and the reasons for applying for DoLS. The best interest process had been followed with records showing discussions had taken place with the appropriate parties. Where appropriate, DoLS applications had been made to the local authority to ensure people's human rights were respected and people were not unlawfully restricted.

People took part in a weekly resident's meeting. As part of the meeting each person was supported to choose a meal they wanted to include on the menu. Recipes and food cards with pictures of meals and food were used to offer people choices. People were encouraged to show their preference by pointing or tapping the picture of the food they wanted to include. A pictorial menu was produced and available in the kitchen. People helped to prepare the food with the support of staff. People also had the opportunity to try new flavours and foods. Tasting sessions had been carried out and people's reactions had been recorded. This information had been used when planning new menus.

Where concerns were identified about people's weight or eating habits, dieticians and speech and language therapists had been involved to assist people to remain healthy. Where appropriate weight charts recorded people's weight, these were included in the care records. Other information included how food should be presented to people, for example cut up into small pieces and the support each person required from staff to enable them to enjoy their mealtimes. We observed food being prepared for lunchtime, the food looked appetising and people appeared to enjoy their meal. People's relatives told us there were two cooked meals a day; they described the diet as "well balanced". One relative told us they joined the person for lunch occasionally on a Sunday and praised the quality of the food.

People's relatives told us the staff seemed fully trained and skilled. One relative said the staff "know what they are doing." Each new member of staff completed induction training which covered areas such as learning disability awareness, manual handling, food hygiene and care of medicines amongst others. Training was updated when required. Links with a local care association enabled staff to attend external training on subjects such as dementia, and oral health. The registered manager told us where staff showed a particular interest in an area and training was available they would be supported to attend. Two staff members had attended training in nail and foot care and one staff member had attended training in nutrition.

Records showed staff received regular supervision. The PIR stated "Staff have a six month induction, regular supervision, annual appraisal which includes setting objectives for development over the coming year". Records confirmed this was the case. Staff confirmed they received support through supervision and appraisal.

Staff were able to talk knowledgeably about the people they cared for. They were aware of people's likes and dislikes and how to communicate with each person. Apart from one person, staff knew how to meet the needs of the people living in the home. The provider had arranged a meeting for staff with a specialist worker from the community learning disability team. The aim was to look at the behaviours displayed by the person and understand what the person was trying to communicate. This meant staff would be better equipped to understand and meet the needs of this person.



## Is the service effective?

Where people's health needs changed staff reacted promptly. Each person had a support plan related to their health. This gave relevant information about the health professionals involved in supporting the person's health. During the inspection we observed how one staff member had noticed a change in a person's health. They discussed their concerns with the registered manager. A GP

appointment was made and the person received the medical attention they needed. People's relatives told us they had confidence in the staff team's ability to notice any changes in people's health and to act appropriately. They also said where situations had arisen where the person was unwell staff had kept them informed and up to date with medical interventions.

# Is the service caring?

## Our findings

During the inspection we observed how staff interacted with people and how people responded. We observed positive caring interaction between staff and people living at the home. Although most people had limited verbal communication, staff understood their body language and facial expressions. Staff were clear about their responsibility to advocate for people both within the home and when using community services. They communicated with them in a way they understood and felt comfortable with. People's relatives told us staff were very caring; one relative said "It is one big homely home. They get spoilt rotten.....it is like a family, the staff are very kind people...very friendly and very welcoming, they make me feel at home." Another praised the registered manager because of their caring nature. They said they were pleased the registered manager worked with the person as they had known them a long time and knew them well. They went on to say the staff knew the person better than they did. Another relative described the staff as "Nice pleasant people, they are easy to talk to."

We were told about a holiday people had enjoyed. Relatives told us they believed people had enjoyed their holidays and photographs showed people looking happy and relaxed during their holiday. The PIR stated "All individuals will be supported to go away on a holiday that meets their needs and preferences with staff in full support over 24 hours a day while away. All staff who support this volunteer to do this."

Staff told us they were happy to do this for people. One staff member told us "All the people (staff) who work here genuinely care about the people they work with. They go above the job description and the call of duty." They gave an example of staff decorating people's bedrooms so they were more comfortable. Another example given was tracing

a relative of a person. Until the staff member researched the relative the person had no contact with their family for nearly 50 years. As a result the person now has regular contact with their family, which we were told they enjoy.

People were encouraged to participate in decision making about the home they lived in and the activities they participated in. Pictures and photographs were used to encourage a response from people. These were used to plan meals, choose activities and holidays. Staff understood people and knew most of the time if they were happy or upset. People's relatives told us the staff understood the needs of the people they cared for. A local authority professional told us they thought the service was very good. They said there was a lot of contact between the service and people's relatives and there was a very stable staff team. Relatives told us they were always invited to the annual review of care. These meetings were held to check the care being provided was still appropriate and meeting the person's needs. This helped to ensure where people were unable to verbalise their needs, people who knew them well were able to do so on their behalf.

Relatives told us people's privacy and dignity was respected. They all said the person was able to choose to spend time on their own in their room and this was respected by staff. Senior staff told us staff respected the people they cared for and showed this through allowing people to make choices for themselves and respecting those choices. For example, asking people to do things and not telling them, by carrying out personal care in a private area and speaking with them in a kind and considerate way. They explained when people left the home their bedroom doors were locked. Nobody was allowed access to the room whilst they were out. From our observations staff treated people with respect and as individuals. They spoke about people in a courteous and dignified way.

# Is the service responsive?

## Our findings

One person had not received a formal assessment of their needs before moving into the home. We were told the person had visited the home and had spent time there prior to moving in. When we discussed this with senior staff and the registered manager they told us they could not complete the assessment without getting to know the person first. The registered manager told us they had not read some of the documentation which had transferred with the person from their previous home. Staff told us they did not feel they had sufficient information about the person before they arrived. They did not feel prepared and told us they were struggling to meet this person's needs. Care plans and risk assessments for this person were not up to date and relevant. This meant the person was not protected against the risk of receiving inappropriate care as an assessment of their needs had not been completed.

For the people who had up to date care plans in place consideration had been given to their lifestyle, health, communication, mobility, likes, dislikes and support needs. Documentation showed people were supported to maintain relationships with those who were important to them. Their health was maintained through regular health appointments. People's lifestyle choices included information about the activities they participated in and the daily living tasks they were involved in. Communication plans informed staff on the best way of communicating with each person, and how to interpret their responses. People's religious preferences were recorded and opportunities were available for people to participate in their chosen faith.

People's needs were reviewed with them; their relatives and social workers from the local authority. This happened annually. Pictorial review reports showed people enjoying activities and holidays. Relatives had an opportunity to comment on the care being provided and raise any concerns they may have had. A local authority professional told us families attended the reviews; they had given positive feedback about the care provided. Relatives told us they were useful meetings, one relative told us the provider transported them to and from the review meeting as they had difficulty getting there.

We observed how staff responded quickly to concerns about a person's health, they noticed a change in the way the person was walking and alerted the registered manager to their concerns. People were encouraged to participate in the running of the home, for example, by choosing what they wanted to eat, what time they went to bed, what time they got up and what colour they wanted their bedrooms decorated.

Systems were in place to ensure people had access to a wide range of activities. People were able to choose what activities they participated in. Depending on people's likes and dislikes a programme of activities was available including weekly visits to the cinema to see films of their choice. In addition shopping; walking; visits to the pub and family members; hot stone massage, visits to church and gardening were available to people. The registered manager told us they were part of their local community. People knew their names and attended community activities including a weekly coffee morning. They said the local community knew people well and often spoke with them rather than the staff supporting them.

The provider had in place a complaints procedure, a grievance procedure and a whistleblowing policy. These were provided to staff to ensure they knew how to raise concerns or complaints appropriately. Relatives told us the registered manager and staff were approachable and kept them up to date with information. They had regular contact and would not hesitate to raise a complaint or concern with them. They said they had never had to do this, but they knew who to contact should they need to. Staff told us they knew how to deal with complaints and would contact the registered manager in the first instance. Senior staff told us there had been no complaints made in the last year. The provider told us in the PIR that each person had a link worker. This was a member of staff who worked with the person on a one to one basis. They met with the person on a monthly basis and reviewed the care and lifestyle of the person. Where issues or concerns were identified, these would be discussed with the registered manager or senior staff and where appropriate the relative of the person. In this way people had access to system where concerns could be identified and addressed.

# Is the service well-led?

## Our findings

The home was comfortable and appeared well maintained in most areas. However, some equipment in the home was not working properly and some required maintenance. The registered manager told us the bathroom had been reported to the provider as needing refurbishment. In the bathroom we were told the bath seat which lifted people in and out of the bath was not working. This meant people who could not physically manage to get into and out of the bath could only use the shower. The registered manager was unable to produce any documentation to demonstrate they had reported the concerns. They told us the provider had verbally agreed to refurbish the bathroom. There was no documented action plan in place and no timescales for the improvements to take place.

In a separate toilet we tested the alarm call bell; this was used to summon assistance. We found this was not working. Staff were unaware it was not working. This placed people and staff at risk of harm if the system to alert assistance was not working.

This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Although people's relatives told us they were involved in the service, there was no system in place to obtain feedback from them on the quality of the service. There was no process in place for professionals who visited the service to feedback their views, for example visiting health care professionals. The provider acknowledged the importance of this and had planned to send out questionnaires to people who use the service and visiting professionals. In the PIR they stated "We will be conducting an annual survey which looks at individual's satisfaction with services received and then actions plans are developed to improve services where this is required." At the time of the inspection they were not able to analyse feedback, in order to drive forward improvements to the service. The registered manager told us they gained informal feedback from people when they spoke with them, although no records had been kept. Records of compliments were available, no complaints had been received.

Information about people was not stored securely. Information about people was stored in an unlocked shed located in the rear garden of the property. We were told by

the registered manager this was used to store archived documents. We pointed out to the manager on the first day the shed was unlocked, no action was taken, as we found it unlocked on the second day of the inspection.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Audits of the quality and safety of the service had been completed. The purpose of the audits was to ensure different aspects of the service were meeting the required standards. Documents showed audits were completed and action plans were drawn up to address the improvements required. A manager from another service also carried out regular audits on the service. However, none had identified the risks associated with the faulty alarm bell and the accessibility of hazardous substances and confidential information. This meant the system for checking the quality and safety of the service were not thorough, which may have placed people at risk of harm. Their findings from the completed audits were discussed in staff meetings, to ensure everyone was aware of how and where improvements were needed. Maintenance work had been completed to ensure equipment was safe to use, for example, the boiler and laundry equipment had been serviced and a gas safety inspection had taken place.

Staff told us they met with people regularly in link worker meetings and residents meetings to assess whether the care they were receiving was still appropriate. They felt able to feedback concerns or issues related to the quality of the service in staff meetings, supervision and appraisals. They felt their opinions were listened to. The registered manager took action where staff brought concerns to their attention. Two examples were given when staff were unhappy about the rosters a new roster was trialled. Staff also asked for more support to care for a person in the home, this was arranged.

They told us there was good leadership in the home and the management led by example. One staff member told us "They wouldn't ask you to do anything they would not be prepared to do themselves." They said the management were accessible and there was an open culture where staff felt safe to own up to mistakes. This was used as a learning opportunity with the prospect of improving the service to people. We were told if a staff member made a medication

## Is the service well-led?

error, they would receive extra training, support and supervision and it would be discussed in the staff meeting to give all staff the opportunity to discuss and learn from mistakes.

Staff told us the registered manager was encouraging and approachable. During the inspection we witnessed the interaction between the registered manager and staff. This appeared to be comfortable and relaxed.

All accidents and incidents were recorded. They were discussed with the staff team at team meetings to ensure action plans have been completed. This gave staff the opportunity to discuss accidents or incidents and to decide what support if any was needed to ensure the risk of repetition was minimised.

The registered manager told us the vision for the service was to offer as homely an environment as possible and for

people to be as independent as possible. The provider had a set of values which included dignity, respect, independence, involvement, quality, diversity, safety. Staff were able to talk about the values and gave examples of how they applied them to the care provided. For example, one staff member told us they did not tell people what to do, but asked them. Another staff member told us the values were “definitely promoted” by the management of the service.

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	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>The provider had not taken proper steps to ensure each person was protected against the risk of receiving care that was inappropriate or unsafe. Assessments of needs and the delivery of care were not planned or delivered in such a way as to meet the individual needs and ensure the safety of the person.</p> <p><b>Regulation 9 (1)(a)(b)(i)(ii)</b></p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>The provider had failed to ensure records were kept securely.</p> <p>The provider had failed to record feedback from people or their representatives in relation to the care being provided.</p> <p><b>Regulation 20 (1) (a) (2) (a)</b></p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate security.</p> <p><b>Regulation 15 (1) (b).</b></p>

This section is primarily information for the provider

## Action we have told the provider to take

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment

People who use services and others were not protected against the risk of harm as equipment had not been properly maintained and suitable for its purpose.

**Regulation 16 (1)(a)(2)(3)**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

The provider failed to have suitable arrangements in place for obtaining and acting in accordance with, the consent of service users in relation to the care provided for them.

**Regulation 18 (a) (b)**