

# Rashot Limited

# Raola House

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

This inspection took place on 17 November 2014 and was unannounced. We carried out our last inspection on 25 June 2013 and found the service was meeting all of the standards we looked at.

Raola House is located in a residential area of Wallington and provides care for up to six adults with learning disabilities. At the time of our visit, there were six people using the service. The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have 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 that staff were aware of how to recognise abuse or potential abuse, but were not familiar with the provider's reporting procedures and did not know where to find a copy to refer to, if required. This meant that people may be at risk of harm due to staff not following appropriate procedures.

People had risk assessments so staff knew how to protect them from risks specific to them. However, these were not

# Summary of findings

all individualised and did not consider least restrictive ways of keeping people safe. People were at risk of receiving care that did not always promote their rights by enabling them to take positive risks.

The service did not always ensure that people's capacity to make decisions about their care and support was assessed where appropriate. This is required by law and failure to do so can mean that people receive care that is unnecessarily restrictive or not in their best interests.

The provider took steps to ensure the premises were safe by carrying out regular checks on the environment and ensuring fire equipment was regularly serviced. The home was clean and well-maintained.

There were enough staff to keep people safe. Robust recruitment procedures helped ensure people were protected from the risks of having unsuitable staff care for them.

Medicines were kept safely and staff received appropriate training to ensure they were aware of how to administer and record them safely.

Staff received training, which included support and advice from specialist providers working with people who used the service. This helped staff to work consistently in line with best practice. Staff were appropriately supervised and received appraisals to encourage professional development.

People received enough suitable food and drink to meet their preferences and needs, including cultural needs. They enjoyed the food provided by the service and were able to choose meals according to their preference. There was a variety of nutritious food provided and staff knew people's likes and dislikes.

Staff ensured that people had access to healthcare providers on a regular basis or when required so that their health needs were met.

People felt staff were kind and caring, knew them well and gave them the support they wanted. Although people were involved in discussing their care at regular interviews and had opportunities to express their views, they were not always involved in developing initial care plans. These did not contain information about people's

views, likes and dislikes or life history. People may therefore have been at risk of receiving care or support that did not take into account their individual views or preferences.

The service used a variety of methods to meet people's communication needs, some of which were complex. They supported people in ways that valued their independence and which met their religious needs.

People felt that staff listened to them and they were given opportunities to express their views. Staff regularly ensured people knew how to make a complaint if they needed to.

Care plans were not always personalised and some information was duplicated across different people's files. Some information was incorrect or out of date. This meant there was a risk that people did not receive personalised care that was responsive to their individual needs.

People were offered activities that were meaningful to them and allowed them to broaden their life experiences, including trips, holidays and outings within their local community as well as activities within the home. They received support to maintain contact with their family and others who were important to them.

There was a fair and open culture within the service. Staff and people who used the service were able to express their views and felt that senior staff and managers listened to them and took action where required to improve the service.

The provider carried out regular surveys so people and their relatives were able to have their say and comment on the quality of the service and how it could be improved. The provider acted on people's comments to address areas where people or others were not fully satisfied.

Some personal information relating to people who used the service was not always kept securely, which meant their confidentiality could have been compromised. We recommend that the provider consider the guidance on the secure storage of records under the Data Protection Act and other relevant legislation.

# Summary of findings

There were systems in place to monitor the quality of the service and identify any service-wide risks or shortfalls. These were effective in identifying and acting on some areas for improvement, but had not picked up issues that we found at our inspection.

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?

Some aspects of the service were not safe. There were no safeguarding policy and procedures available and staff did not know how to respond to potential abuse. This meant there was a risk that abuse would go unreported.

People had risk assessments in place, but these did not ensure people were cared for in the least restrictive ways possible.

People felt safe and there were enough suitable staff to care for people. Medicines were appropriately managed.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective. The provider was not always acting in line with legal requirements about providing care in line with people's valid consent or in their best interests where they did not have capacity to consent.

People gave positive feedback about the food provided by the home. Staff made sure people had enough to eat and drink and a variety of nutritious food was provided. Staff knew what foods people liked and offered choices.

People were able to access healthcare professionals when needed.

**Requires Improvement**



### Is the service caring?

The service was caring. People felt that staff treated them in a kind and caring way. Staff understood and responded to people's individual communication needs so they felt listened to.

People were regularly consulted for their views about their care.

Staff supported people to meet their religious or cultural needs.

**Good**



### Is the service responsive?

The service was not consistently responsive. Care plans were not personalised because some information was copied between different people's plans and some information was incorrect or out of date.

People received support to access the community and maintain contact with people who were important to them so they were protected from the risk of social isolation.

The provider sought people's views, acted on them and ensured people knew how to complain.

**Requires Improvement**



# Summary of findings

## Is the service well-led?

The service was not consistently well-led. Systems designed to monitor the quality of the service had identified some areas for improvement which were being addressed. However, they were not always effective in that they had not identified the issues we found at our inspection.

People using the service and staff gave positive feedback on the culture of the service and felt comfortable expressing their views. The provider used meetings and surveys to monitor the views of people, their relatives and staff about the service.

**Requires Improvement**



# Raola House

## 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.

Before the inspection, we reviewed the information we held about the service. This included previous inspection reports and notifications that the provider is required by law to send to us. Before the inspection, the provider completed 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 spoke with representatives from the local authority social services commissioning team.

This inspection took place on 17 November 2014 and was unannounced. It was carried out by one inspector.

We looked at two people's care plans, two staff files and other records relevant to the management of the service such as maintenance records and staff rotas. We observed how staff carried out care and we spoke with two people who used the service. We spoke with the deputy manager and three support workers. The registered manager was away on the day of our visit.

# Is the service safe?

## Our findings

We asked staff how they would recognise and report potential or actual abuse, and they were able to consistently describe different types of abuse and the signs to observe for. The provider had a policy and procedure for safeguarding people from abuse. However, staff we spoke with did not know where to find the policy and procedure when asked. This meant there was a risk that staff may not be able to quickly access information about how to report suspected abuse. Additionally, while two out of three members of staff said they would report any suspected abuse to their line manager, a third member of staff told us they would speak to the alleged perpetrator and victim and would report to their manager only if they were sure the person was being abused. Although people told us they felt safe, this lack of consistency showed that not all staff were aware of procedures to keep people using the service as safe as possible when suspected abuse was reported. This was a breach of Regulation 11 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.

People using the service each had risk assessments, which covered some of the risks specific to them. Staff were familiar with these and told us they would discuss any new risks at handovers and with managers so colleagues were aware of the risks and so that assessments could be quickly updated. However, we found that information within the risk assessments was not always personalised and for some assessments there was no evidence that people's history and abilities had been taken into account. One person's care plan stated that they needed to live in a locked environment due to their risk of running into the road. There was no information in the person's file about how this conclusion had been reached, such as information about past incidents. The same person had another assessment stating that they had good road safety skills, which contradicted information in the previous assessment. There was also no evidence that the staff completing the assessment had discussed the locked door with the person, whose records demonstrated they were likely to have the capacity to do so. This meant there was a risk of the person not receiving appropriate support due to incorrect or incomplete information about them.

One person's risk assessment stated that they were 'vulnerable to financial exploitation.' However, there was no explanation why or how this particular person was vulnerable and no information about measures the service had put in place to protect the person, whether they had capacity to agree to these or whether they were reviewed. This meant there was no evidence that the person was appropriately protected from the risks of financial abuse in the least restrictive way possible.

Other assessments stated that people should not take certain risks, such as using particular kitchen equipment or appliances, but did not state whether this was due to a history of incidents involving the person, personal or environmental aspects such as manual dexterity or awareness of safety, or other factors. This meant there was no information available about how those risks could be reduced or any adjustments that could be made to enable people to use equipment. In this way staff did not support people to take positive risks.

These issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had taken steps to ensure the premises were safe. The home was spacious and uncluttered so that people could move around freely. Firefighting equipment was in place and records showed it was serviced annually. Each person also had an individual environmental risk assessment, which covered risks specific to the person such as any mobility needs and where their bedroom was situated. We saw records of maintenance and repair requests, which were completed within a month of being requested or sooner. The home appeared to be in a good state of repair, although some plaster was missing from a hallway wall and this was not only unsightly but could present an infection risk because rough surfaces are difficult to clean thoroughly.

The deputy manager told us staffing levels were based on the complex needs of people who used the service, some of whom required one-to-one support. We saw that staff were visible on the floor throughout the day and people we were told required one-to-one support were always within

## Is the service safe?

sight of staff. Rotas showed the agreed staffing levels had been met on every shift in the month leading up to our visit, showing that there were enough staff to keep people safe and meet their needs.

Recruitment records showed that staff were appropriately checked before starting work. The provider had checked their identity and right to work in the UK and had carried out criminal record checks. They obtained references from previous employers and looked at employment history. These checks helped to ensure that people were protected from the risks of being cared for by unsuitable staff.

One person told us, “I always get my [medicines] at the right time.” Staff told us they were only allowed access to medicines once they had received training in safely administering medicines and records confirmed this. We saw evidence that new staff received an induction that included going through the service’s policies and procedures in relation to medicines management. Those

who had received training were able to describe key principles in medicines management, which were designed to protect people from risks arising from inappropriate administration.

There was information in people’s care plans about the medicines they took, what they were prescribed for and how they should be taken. This included medicines to be given as required (PRN), which had clear guidelines about when they should and should not be given, dosage and maximum frequency. Records showed that people had regular blood tests if they took certain medicines whose side effects should be monitored. This helped protect them from associated health risks.

Administration of medicines was recorded appropriately on medicines administration record sheets. For PRN medicines, this included times given so staff could ensure they were not given more frequently than instructed. Medicines received from and returned to the pharmacy were accounted for in stock records.



# Is the service effective?

## Our findings

The deputy manager and manager were aware of the Deprivation of Liberty Safeguards (DoLS) and that these are to help ensure that nobody is unlawfully or inappropriately deprived of their liberty. At the time of our visit, applications had been made on behalf of all of the people who used the service. The front door was kept locked with a numerical keypad to ensure people did not leave without support. This was because staff had assessed people as being unable to safely leave the premises without support. However it was not clear how they could have done that as people's capacity to make these decisions had not been assessed. Staff told us people lacked the capacity to consent to the restrictions on their liberty but there was no evidence that the provider had carried out assessments of mental capacity to confirm this was the case. The Mental Capacity Act 2005 Deprivation of Liberty Safeguards state that where people are deprived of their liberty, certain processes must be followed and recorded. These include assessing people's capacity to consent to restrictions, planning to review restrictive measures on a regular basis and considering ways in which people's needs can be met in a less restrictive manner until the relevant authority has approved any deprivation of liberty. The service was therefore not always acting in line with legislation and guidance. 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 told us staff always asked their permission before coming into their bedrooms or providing personal care. This showed that staff were aware of the importance of gaining people's consent for everyday care.

Staff told us, and care records confirmed, that some people presented with behaviours that challenged the service. We discussed with staff how they ensured that their responses were effective and followed best practice guidance. This included referring people to the local challenging behaviour team, who were able to offer support to staff. We saw that the team had delivered some training at the home the previous week. Staff told us how they would deal with situations where people behaved in a way that challenged the service. For example, staff said they would respond to

aggressive behaviour by ensuring they and the person were safe, speaking calmly and offering hot drinks once the person had calmed down. They told us they did not use restrictive practices such as restraint or seclusion.

We saw evidence that staff had monitored one person's behaviour over a period of time and had noticed changes, which triggered a referral to the specialist team. The person had received support from that team and we saw evidence that staff had supported them to attend regular appointments. All staff we spoke with were aware of this and the specialist team had provided guidelines for working with the person. This helped to ensure that staff worked consistently in line with expert advice.

Staff received an induction when they started work at the service. This helped ensure they had the knowledge they required to carry out their roles effectively before they worked alone with people. The provider had an annual plan to monitor staff training and ensure all the necessary courses were booked. This was to help ensure that staff kept up to date with best practice guidance and had the knowledge and skills they needed to do their jobs effectively. We looked at training records and found that staff received training that included awareness of specific conditions and disabilities experienced by people who used the service. This meant staff were better equipped to provide an effective service as they understood people's specific needs.

Staff received an annual appraisal. This included skills and knowledge assessments, reviews of training, achievements and targets for the next year such as working towards qualifications relevant to their work. This helped to ensure that staff received the support they needed to care for people effectively and also helped the provider to monitor the development of their staff.

People told us they enjoyed the food provided at the home. One person said, "I get to eat things I like." Another person told us they were able to make suggestions for the menu. For some people who were unable to express verbally what foods they preferred, staff told us they observed those people at mealtimes for cues such as facial expressions and how much they ate to help them understand people's preferences. Care records contained information about what people ate and staff recorded if people did not finish their meals. These records showed that people were offered a variety of nutritious food.

## Is the service effective?

Staff demonstrated that they knew what people's food and drink needs and preferences were, including cultural needs. They also told us they made sure people had a drink first thing in the morning and every few hours throughout the day to prevent dehydration. Staff weighed each person monthly to monitor any risks to their health arising from inadequate nutrition.

There was information in people's care plans about their medical history and specific healthcare needs, so that staff knew what healthcare support each person required.

People told us they saw healthcare professionals regularly and said staff knew what to do when they were unwell. One person told us, "They give us a rest in bed and make sure we have a drink of water or orange. They call the doctor or the dentist if we need it." There was evidence in people's care records that they had received support to attend regular check-ups at the dentist and optician to monitor those aspects of their health.

# Is the service caring?

## Our findings

People told us staff were “kind and caring” and took time to get to know them. The home was decorated with photographs of people who used the service, showing their interests and achievements, which a person proudly showed us. This showed that the provider valued people’s interests and achievements.

Staff supported people to express their views about their care. This included discussing with people or their relatives advice from health professionals. One person had been advised to make a change in their diet and staff recorded that they discussed this with the person, who agreed to make the change. People had also agreed to risk management measures that were put in place as part of risk assessment. People therefore had the opportunity to discuss their care and to be involved in decisions about their individual care package after the initial care plan was put in place.

People told us staff respected things that were important to them, such as their religious beliefs and their tastes in food. We observed staff speaking with people about things that were important to them, such as asking how their families were and whether they had enjoyed their weekend activities. The service had an equality and diversity policy in place to help staff recognise the importance of supporting people in a fair and equal way. Staff gave examples of how they followed the policy, such as preparing different meals so that everyone’s cultural needs were met in terms of food.

Staff told us they used care plans to inform them about how people communicated, including those who were able to communicate verbally. One person’s care plan said they enjoyed chatting and informed staff about appropriate levels of eye contact for that person. Another person, whose communication needs were more complex, had a

communication passport with a list of gestures, signs and words they used with explanations of how staff should interpret these. We observed staff interacting with the person in line with information from the care plan. The person responded by smiling and clapping and continuing to talk to the staff members. This showed how the information in care plans helped to enable staff to build positive relationships with people by giving them the knowledge they needed to speak and listen to people in a way they understood.

People were encouraged to take responsibility for household shopping and during our visit several people were supported to go out to do food shopping. Records showed that this happened regularly. Staff told us although the shopping list was based on the planned menu, they gave people the opportunity to choose something different if they saw something they wanted whilst shopping. This meant that people were actively involved in making decisions about what they had to eat. It showed that staff recognised people’s choices can change over time.

During our visit, we spent time observing the way staff supported people. We saw that people received different levels of support according to their needs and abilities. For example, we saw staff discussing with one person how to carry out a task, which they then did independently. Another person had limited verbal communication and staff gave them a dustpan and brush as a visual cue and prompted them to sweep up some crumbs. The person was then able to do so without further support. This showed that staff valued people’s independence and the individual contributions they were able to make to daily life in the home.

One person told us staff were good at respecting their privacy, especially when they wanted private space in their bedroom.

# Is the service responsive?

## Our findings

People's care plans took into consideration the support they required around religious or cultural needs, sexuality, current family relationships and other individual needs. Some consideration had been given to responding to people's individual support requirements, such as how much assistance they needed with personal care and how staff should deliver this care to different people. However, we found that some information had been copied between different people's care plans that did not always correspond with their assessed strengths and needs. We found that two people who had different levels of ability to understand dangers had the same information about how to support them with road safety. In one of these, several of the items in the assessment had a third person's name on, suggesting the information had been copied from their assessment. We checked and found that this was the case. This meant there was a risk that people would receive inappropriate care or support due to a lack of personalised care planning and risk management.

We noted that care plans did not contain any evidence that people had been involved in the assessments of their needs or in developing their care plans when they first started using the service. People's views, or those of their representatives, about how they wished to have their care delivered were not documented. This meant there was a risk that people did not receive care in line with their preferences and views. However, we saw evidence that people were involved in discussions about changes to their individual care package and whether they wished for staff to continue delivering care as agreed.

We also noted that there was little or no information in people's care plans or risk assessments about their personal life histories, including family history, hobbies, education or employment. One person's file contained a letter from a medical professional stating that they had a 'complex history,' suggesting that this would affect how care was delivered to them and referring to both their personal and medical history. However, there was no detail given in their care plan about either aspect of their history. Although the deputy manager was able to verbally outline some aspects of this person's history, we found no evidence that the provider had attempted to gather further details from people, their families or others who were important to them. Without this information, the provider

could not be sure that the planned care was appropriately personalised and took people's experiences into account. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One person told us "[Staff member] is really nice and takes me to church. I like going to church." Staff told us how they supported people to maintain social contact with their relatives and friends. During our visit, two people were away visiting relatives. One told us on their return that staff always gave them the support they needed to see their family. Another person confirmed they had the support they wanted to keep in touch with family members.

People told us, and records confirmed, that all of the people who used the service were offered regular opportunities to leave the home for social activities and trips. This included a number of clubs and organised activities that took place on a weekly basis. People told us they were happy with the support they received to attend activities. Care plans stated that people should be supported to go away on holiday each year. One person confirmed this happened and told us about their holiday in 2014. This meant people had meaningful opportunities to socialise and broaden their life experience.

We saw the home contained a variety of activity equipment to suit different levels of ability, such as musical instruments, games and puzzles. People told us, "I get to watch what I want on TV" and, "I do dancing sometimes."

Each person who used the service had a keyworker, a dedicated member of staff who was responsible for certain aspects of their care. People who were able to speak with us said they knew who their keyworkers were. We saw records of one to one meetings that keyworkers had had with people or, if they were not able to express their views verbally, their relatives. One person had told their keyworker about a number of activities and trips they wished to take part in. We asked the person if they had done any of these and they told us they had gone on some of the trips. Staff told us the others were being planned and would take place after Christmas.

People we spoke with knew who they should approach if they wanted to make a complaint and said they felt they would be listened to. They told us they would talk to the manager or deputy manager and we saw that this was in line with the complaints procedure. Keyworker meetings

## Is the service responsive?

showed that staff had checked people and their relatives knew how to make complaints using the service's complaints procedure and asked if they had any concerns they wished to raise.

# Is the service well-led?

## Our findings

The provider had systems to monitor staff training, medicines management and risks to the environment. They also carried out quality checks twice a year to help ensure the service delivered high quality care. These included action plans for any improvements that had been identified. Records showed that action plans were completed on schedule and dates entered when tasks were complete. However, the systems were not always effective because they did not identify the issues we found in relation to risk assessments, capacity and consent and safeguarding. This was a breach of Regulation 10 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.

Staff and people who used the service said there was an open culture and that the service was led by managers who listened to them. People told us, “[The managers] are lovely” and, “If I need to tell them something, I see them and they always listen to me.”

We noted that the service was set up to help give people a sense of ownership of their home. Staff told us people were encouraged to personalise their bedrooms and we saw that bedrooms reflected a variety of individual interests and tastes. People were actively encouraged to take responsibility for household chores. This helped promote an empowering culture.

The provider carried out an annual survey of people who used the service, their relatives and staff. At the time of our visit, the results of the 2014 survey were being collated. We saw copies of surveys that people and their relatives had completed. Questionnaires we saw contained questions about people’s views of the support they received, staff, food provided at the home, choices in their care, how personal care was provided, safety, support with socialising, activities, concerns and knowledge of the complaints policy and support with healthcare. Three completed questionnaires from 2014 all contained positive

feedback. We saw evidence that the provider annually collated survey results across the three homes they ran and used people’s views and suggestions to improve the service. For example, people from Raola House had fed back in 2013 that they would like to go out more. Care plans we saw had been updated to instruct staff that people should undertake meaningful activity outside the home at least four times per week. People told us they had more opportunities to go out and we noted that during our visit everyone was offered the opportunity to go out. This showed that the provider was using the feedback system effectively to make sure people felt listened to and that their wishes were respected.

The service had regular staff meetings, the last of which had taken place the week before our visit. Discussions had covered the culture of the service and staff attitudes, planning a Christmas party, staff training and feedback from meetings with people who used the service and their relatives. The provider used these meetings to ensure staff had access to information they needed and were aware of the responsibilities expected from them.

Staff meetings and supervision also allowed staff the opportunity to discuss risks. They told us their managers listened to their concerns and suggestions and that changes were made where necessary to help improve the quality of the service and reduce unnecessary risks.

The service maintained good records about the care people received and other aspects of the running of the service. We noted that some of people’s personal records, such as care plans, were kept in a room that was unlocked and this may compromise their confidentiality. Although there were staff present in or near the room for most of our visit, we did note that on three occasions the room was left unattended for short periods. The staff had not realised that leaving the room open in this manner could lead to a third party having access to people’s confidential records.

**We recommend that** the provider consider the guidance on the secure storage of records under the Data Protection Act and other relevant legislation.

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	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The registered person did not take proper steps to ensure that the care and treatment of service users was appropriate and met their needs. Regulation 9(1)(a)(b)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not ensure that systems or processes were operated effectively to ensure compliance with the requirements in this Part. This includes assessing, monitoring and improving the quality and safety of the services provided in the carrying on of the regulated activity and assessing, monitoring and mitigating the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Regulation 17 (1)(2)(a)(b)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes were not operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of abuse. Regulation 13 (3)</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Where service users were unable to give consent because they lacked capacity to do so, the registered person did not act in accordance with the 2005 Mental Capacity Act. Regulation 11 (1)(3)