

# Chislehurst Care Limited Ashling Lodge

## Inspection report

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Date of inspection visit: 30 December 2015 and 5 January 2016  
Date of publication: 16/02/2016

### 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 was unannounced and took place on 30 December 2015 and 5 January 2016. At the last inspection on 22 and 23 December 2014 we had found a breach in regulations in relation to the arrangements to monitor the quality of the service. We carried out this inspection to check what action had been taken in relation to the issues we had identified and to provide a fresh rating for the service.

Ashling Lodge is registered to provide residential accommodation and care for 13 people. Bedrooms are on the ground and first floor and there is a stair lift access to the first floor. At the time of the inspection there were

ten people using the service. Following recent changes at the service we are in discussion with the provider about the number of people they are registered to provide accommodation for. The previous registered manager had recently left and a new manager had recently been appointed; there was no registered manager at the time of the inspection. 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.

# Summary of findings

At this inspection we found breaches of regulations in respect of medicines, consent and person centred care. Medicines were safely stored and managed but there was a breach of regulations as arrangements for the administration of 'as required' medicines did not provide staff with sufficient guidance to ensure they were administered as prescribed. Staff asked people for consent before they provided care and had received training on the Mental Capacity Act 2005. They were aware that people's capacity to make each decision needed to be separately assessed but there was not always evidence that this was carried out. People's needs were not always assessed before they arrived at the service to ensure they could be met. Care plans were not always reviewed in line with the provider's policy.

Improvements had been made to the way the quality of the service was monitored but there was room for further improvement as actions identified as needing addressing were not always acted on in a timely way.

People told us they felt safe and well looked after. Staff were aware of safeguarding policies and procedures and knew how to raise any concerns if needed. Possible risks to people were identified and assessed. Adequate staff recruitment processes were in place to reduce the risks of unsuitable staff being employed. There were plans to deal with emergencies and equipment was monitored and serviced. There were enough staff to meet people's needs.

Staff received adequate training and support to deliver care to meet people's needs and were supported through regular supervision. People had a choice of food that reflected their needs and preferences and had sufficient amounts to eat and drink. People's weight was monitored and any concerns were acted on. People were supported with their physical and mental health and had access to health and social care professionals when required.

People and their relatives told us staff were kind and caring and knew people well and we observed this to be the case. They told us staff respected their dignity and spoke with them warmly and politely. Care plans detailed people's care and support needs, although there was some variation in the quality of guidance provided in the plans to support staff in understanding people's preferences and experiences. The plans showed people's involvement in the assessment and care planning process. People's needs for stimulation were identified but arrangements to ensure they were consistently met needed some improvement. People knew how to make a complaint if they needed.

People told us the service was well led and the new manager was liked by people, their relatives and staff. We observed the staff team worked well together and they told us they felt well supported by the manager. People's views about the service were sought and considered for ways to improve the service.

# 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 consistently safe. Arrangements for the administration of as required medicines did not follow the provider's guidance. Medicines were safely stored and people received their medicines on time.

People told us they felt safe from harm, neglect or discrimination. Staff understood how to recognise signs of abuse and how to raise concerns. Individual risks to people were identified and monitored. There were processes in place to deal with emergencies and staff had received necessary training.

There were enough staff to meet people's needs.

**Requires improvement**



### Is the service effective?

The service was not consistently effective. Staff had received training on the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and people's consent was sought before care was offered. However separate capacity assessments were not always recorded for separate decisions made.

Staff received training in areas specific to the people they supported and told us they were well supported to carry out their roles.

People told us they enjoyed the food and that there was choice available. We saw that people's fluid and food intake was monitored and action taken if people lost weight.

People had access to a wide range of healthcare services to ensure their day to day health needs were met.

**Requires improvement**



### Is the service caring?

The service was caring. People told us they were well cared for. Staff treated people in a gentle and kind manner when they supported them with their care.

People's privacy and dignity were respected. Staff had a good understanding of people's diverse needs.

People and their relatives told us they were involved in making decisions about their care.

**Good**



### Is the service responsive?

The service was not consistently responsive. People's needs were not always assessed before they moved to the service and their care plan was not always regularly reviewed to ensure it reflected their current needs.

Care plans varied in the detail they contained about people's interests and experiences and the care and support given or needed.

**Requires improvement**



# Summary of findings

Staff responded to changes in people's needs and reviews were held with people and their relatives where this was appropriate. People's needs for stimulation were addressed through a programme of activities and people were encouraged to use the local community where possible.

There was a complaints procedure and people told us they were confident any complaints would be addressed.

## Is the service well-led?

The service was not consistently well led. Some issues we identified at the inspection had been identified by the provider's quality assurance system but had not been acted on in a timely way.

There was a system of audits and checks to monitor the quality of the service. We saw issues were identified and plans put in place to address the issues.

People and their relatives told us the home was well run and organised. The staff team worked well together and staff meetings were organised to ensure staff were kept informed and improve consistency.

People's views about the service were sought and considered for any improvements.

**Requires improvement**



# Ashling Lodge

## 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 fresh rating for the service under the Care Act 2014.

The inspection was carried out on 30 December 2015 by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. An inspector returned to the service on 5 January 2016 to complete the inspection.

Prior to the inspection we reviewed the information we held about the service and the provider. This included feedback from relatives and notifications received from the provider. A notification is information about important events that the provider is required to send us by law. We also contacted the GP for the service to obtain their views.

We spoke with everyone using the service, three visiting relatives, a visitor and three members of care staff as well as the registered manager, the chef and domestic worker. We spoke with a further three relatives by phone on the day of the inspection. We spent time observing the care and support provided to people, looked at four people's care plans and records, five staff files and records relating to the management of the service. After the inspection we contacted the local authority responsible for monitoring the quality of the service to ask for their views.

# Is the service safe?

## Our findings

At the last inspection in December 2014 we had found that while aspects of medicines were safely administered and most areas of medicines management were safe other areas required improvement. Medicines were not stored safely and medicines policies were out of date and did not reflect current guidance.

At this inspection we found significant improvements had been made to the storage of medicines. There was now a dedicated secure medicines room and temperature checks were conducted using a minimum and maximum thermometer in line with current guidance. Medicines policies had been updated to reflect current guidance.

However, some improvements to the management of medicines were still required. The provider now had a policy for how to manage 'as required medicines' however there was no specific guidance on when to administer these medicines in people's care plans, in line with their policy. There was therefore a risk that these may not be administered by staff as prescribed by health professionals. This had recently been identified in a provider quality monitoring visit.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us medicines competency assessments were completed and we saw this identified in records; although there was no detailed assessment completed. However the manager had recently attended training on how to complete detailed medicines competency assessment records. The quality manager told us these were about to be implemented but we were unable to monitor this at the time of the inspection.

Prescribed medicines were otherwise safely administered. We sampled five people's medicines records and saw that these were fully completed. People's allergies to particular medicines were clearly recorded to avoid possible risks of being prescribed inappropriate medicines. There were arrangements for the safe disposal of medicines. Staff received training on safe administration of medicines and this was refreshed to ensure best practice.

People said they felt safe at the home and that their rights were respected. One person said "I wouldn't go back home now. I am much safer here and don't need to worry."

Another person told us "It's quite safe here; you are treated well. I have no concerns." Relatives also told us they thought their family members were safe. One relative said "It's very safe there. The staff and everyone are friendly. We have no concerns." Staff knew the signs to look for of possible harm or neglect and what to do if they had any concerns. They were aware of the provider's whistleblowing policy. One staff member said "I would report anything I was unhappy about straight away. I could not push it to one side." The manager knew how to raise a safeguarding alert with the local authority and the contact details were easily accessible. There had been no safeguarding incidents since the last inspection. People confirmed they felt safe and comfortable around the staff and they told us the staff supported them to move around the home safely where this was needed.

Risks to people were identified and assessed and plans were in place to reduce these risks. There were arrangements in place to deal with foreseeable emergencies. There was a business contingency plan and people had individualised evacuation plans in place which detailed the support they required to evacuate the home in the event of a fire. Staff we spoke with knew what to do in the event of a fire or medical emergency and who to contact. Staff told us that all staff had received fire safety training and records we looked at confirmed this. A recent fire risk assessment had been completed to identify if any actions were needed to ensure people's safety. Equipment such as firefighting equipment, hoists, gas and electrical equipment was regularly serviced and checked.

People using the service had risk assessments based on their individual needs. These covered a range of possible risks, for example nutritional risk, risk of falls and risk to skin integrity were regularly assessed and reviewed. We saw detailed descriptions of the risks identified and guidance for staff on how to support people to reduce the likelihood of any harm coming to them. For example, where a concern had been raised about someone's skin integrity, action was identified such as pressure relieving equipment, including cushions and specialist mattresses being put in place to reduce the risks. Risks were monitored through the use of tools such as body maps. No one at the service currently required the use of a hoist to mobilise but staff had received up to date manual handling training and equipment was available if required. Staff knew the people they cared for and were aware of possible risks to them.

## Is the service safe?

People were protected from the employment of unsuitable staff through the provider's recruitment process. Staff records showed each staff member had been appropriately vetted through the use of a range of checks and references before starting work.

People told us there were enough staff to meet their needs. One person told us "I just buzz if I need help getting in to bed and they come." Relatives were also of that view; one relative commented "I have never seen them struggle, staff wise." Staff told us they thought there were enough staff to support people safely, although the mornings could be difficult at times to ensure people's preferences were met with regard to when they wanted to get up. During our inspection we observed there were sufficient numbers of

staff on duty to ensure people were kept safe and their current needs and preferences were met. There had been a recent change in manager and there were staff vacancies at the time of the inspection that had been advertised. The manager told us that these were covered by staff working extra shifts or by agency staff and that they managed to use the same regular agency staff where possible so that they became familiar with people's needs. A relative told us "We get some lovely agency staff here, and often the same ones, too. They are all very friendly to us." The manager and quality manager told us that staffing levels were managed according to people's needs and that staffing levels were reviewed at regular intervals.

# Is the service effective?

## Our findings

People told us their consent was sought before support was delivered. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff explained the importance of seeking consent to the care and support they offered people. For example if people wanted assistance with an activity or to mobilise safely. Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They told us they had received training since the last inspection and understood that where people may not have consent their capacity to consent needed to be assessed for each separate decision. However we found that assessments for specific decisions were not always recorded in people's care plans to evidence that a separate assessment of their capacity to make each decision was completed and if needed a decision made in their best interests. For example concerning the taking of photographs or the use of bed rails. This had been identified in a quality audit by the provider and an action plan to address this was being drawn up.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the last inspection we had found some improvement were required in relation to the previous registered manager's knowledge about applications for authorisations for DoLS. At this inspection we checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Two authorisations for DoLS had been applied for and granted since the last inspection. These were located on people's records so that staff were aware of any conditions

within them. The new manager was aware of the circumstances in which to apply for DoLS authorisations and the provider had followed the necessary requirements. The visiting GP told us they thought staff were knowledgeable about mental capacity issues.

People told us they thought staff knew how to carry out their roles. One person said "They are so on the ball. They know how to look after us." Staff told us they received regular training in areas the provider considered essential and we confirmed from records this covered areas such as dementia, safeguarding, first aid and fire safety, medicines and moving and handling. Staff told us they felt supported in their roles by the old and new manager and that they had regular supervision. This was confirmed from records.

Newly appointed staff were supported to learn about their roles. A new staff member told us the staff worked well together as a team: "They are all good team players which makes all the difference. It is a really good team. They have made me very welcome here." They told us there was an induction programme and they had spent time shadowing and completed training before they started to work. Completed induction check lists were kept to evidence that new staff had received appropriate training or to highlight if further support was needed. We were told that the provider had started to use the new Care Certificate, a nationally recognised qualification for new members of staff. An agency staff member told us they were provided with an induction and had been given information about people's care and support needs. We observed they took part in the handover meeting to ensure they had up to date information about people's needs.

People were supported to maintain balanced diet. They were complimentary about the food and the chef and told us there was plenty to eat and drink. One person said, "It is quite good food. There is some choice; there is plenty to eat and drink." Another person told us the food was "There is a choice and there's plenty of food." Relatives were positive about the food prepared. One relative said, "It is marvellous food and there is a lovely cook. Her pastry is out of this world."

There was a four weekly menu which include choices and vegetarian options. The chef explained they discussed people's food preferences with them the day before. If people could not remember what they had ordered or changed their mind, there were other options available. The lunch and evening meal were relatively early at 12 and



## Is the service effective?

5pm respectively and the chef said that evening snacks were prepared and available each day and people could ask for anything they needed during the night. We observed that people were provided with drinks throughout the day to keep them hydrated. These were at set times but staff said people could have a drink if they asked in between these times.

People's weight was monitored to reduce the likelihood of inadequate nutrition. Staff monitored people's food and fluid intake if people were assessed as at risk of malnutrition or dehydration or if required by a health professional. The chef knew people's needs very well and they and the staff were aware of any allergies or dietary preferences. They told us they could meet any cultural dietary requirements if needed. We observed people were given appropriate support to be as independent as possible with eating and drinking. The atmosphere in the dining room was pleasant and friendly and people appeared relaxed and enjoying their meal.

People and their relatives told us they had access to healthcare professionals to meet any health needs. Records we looked at showed this included the dentist, optician and GP and other relevant professionals such as the district nurses. We saw notes were made by health professional of their recommendations for people's treatment and this was included in people's care plans, so that staff were aware of treatment needs or changes to people's health needs and care. One person said "I had trouble with my ears and eyes. They got it sorted for me." People told us the GP visited regularly and this was confirmed by relatives. Relatives also confirmed staff notified them about changes. One relative told us, "They

phone straight away if (our family member) isn't well". We spoke with the visiting GP before the inspection about the care provided at the home. They told us that they thought staff knew people well and were always respectful and caring. The service was prompt to raise any medical concerns and they were very happy with the care and had no concerns.

Ashling Lodge is a small home and people told us they liked the small size of the home as it made it feel more like home; some relatives also expressed this view. One relative said "The home is just the right size. Not too big or small, but like someone's house, not like a Home at all. We have no concerns or worries at all." However another relative commented "My only criticism is that there is not enough room! And there's no space to expand. The staff cannot help the environment and they do their best." We observed the hallways at the service were narrow particularly when people mobilised with walking aids. There were not enough seats for everyone to sit in the conservatory and staff told us this had been an issue at other times in the year. However we did not observe the size of the building to directly impact on people at this inspection. There was little storage space at the home and equipment such as hoists and wheelchairs were stored in the conservatory and in a bathroom. This impacted a little on the appearance of these rooms but people were content with their living arrangements. People entertained their visitors in their rooms or the conservatory if it was free. The quality manager told us that there were limitations due to the size of the building and they frequently reviewed the living arrangements to maximise the space there was.

# Is the service caring?

## Our findings

Everyone was complimentary about the staff and the way they cared for people who lived at the home. People told us staff were caring, kind and knew them well. One person told us “The staff are absolutely marvellous.” Another person said “They are very nice. Definitely looking after me well.” Other comments included “wonderful”, “charming” and “so helpful”. People were encouraged to maintain relationships. Relatives told us they were made welcome at all times; one relative said “We are made welcome there. We are always offered tea and biscuits.” Another relative commented it was “A caring home, and we are happy with it all.” Relatives had positive comments about the staff. Another relative said, “I’m very happy with it all. I get the feeling that the carers really do care.” A visitor to the home commented that it was “A very receptive home, with helpful staff.” We had received unprompted positive feedback in November 2015 from a relative prior to the inspection. This said “All the staff. ... are exceptionally kind. They are caring and professional and regularly go the extra mile to ensure residents and their relatives are extremely well looked after. This is care at its very best.”

Staff knew people’s routines and preferences and this was evident when they were speaking with them and talking with us about the care provided. One person said of the staff, “they understand” and another person informed us, “I panic on the bath lift, but they are very good to me, and understanding.” There were collages made by people about themselves and staff members around the home. People told us these were a good idea as they helped remind people about each other and encouraged more conversation. We saw examples of care and consideration from staff. For example they were aware that one person did not feel well and talked with them and checked on them throughout the day. Another person appeared tired

at lunchtime and was offered the opportunity to go to their room to lie down. At other times people were supported discreetly and confidentially with personal care. People were supported with care at their own pace and were not rushed as they mobilised. One person told us “They (staff) let you take your time here. They understand.” We observed staff spoke with people while they supported them and reassured them or engaged in humour, they checked people were happy with the support provided.

People told us they were treated with dignity and respect by staff. One person said “The staff are careful and caring as well. They always knock before they come in. I like that.” We observed staff being sensitive and discreet to people’s individual care needs and routines throughout the day. They knocked on bedroom doors and told us they ensured doors and curtains were closed before they carried out personal care and were discreet about personal information. Staff demonstrated knowledge of people’s individual needs in relation to any disability, gender, race, religion and sexual orientation and gave examples of how they supported people appropriately to meet any identified needs or wishes. For example through personal care preferences, visits from spiritual representatives or attention to cultural dietary needs.

People told us they were involved in their care. We observed that people chose where they spent their day and when they wished to participate in activities. People said their independence about their personal care was encouraged as much as possible and gave some examples of this which we saw was reflected in their care plans; for example aspects of personal care people could manage for themselves. One person told us “They know I like to do some things for myself and that is fine.” Records showed people and their relatives were involved in reviewing their care needs and that families were kept updated about any changes.

# Is the service responsive?

## Our findings

People told us there was an individual plan for their care and support needs that reflected their needs and wishes and was updated if anything changed. They told us their preferences were discussed and that the plan met their own personal needs. One person told us “They don’t mind me staying up very late and being slow in the morning. I’ve never been a morning person!” We found people’s needs had been assessed and written care plans had been drawn up to guide staff on how to meet these needs. These plans were reviewed on a monthly basis in line with the provider’s requirements. However for one person the care plan showed their needs had not been assessed by the provider to make sure the home and environment could meet their needs safely and appropriately as the assessment document had not been fully completed. A plan for their care had been drawn up but it had not been reviewed since September 2015 and while some identified needs were being met there were other expressed needs for which there was no plan provided or guidance for staff on how they could be safely met.

This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the manager and the quality assurance manager who agreed with our findings and told us they would complete a full review of the person’s needs with them as soon as possible.

Care plans were of mixed quality in the guidance provided for staff about people’s varied needs and behaviours and how best to support them. For example one care plan detailed how the person’s preferences about the support they required with their bath, and with choosing their clothes. It gave clear information about which areas the person was able to manage for themselves. However there was limited information about their hobbies and past experiences to give unfamiliar staff some understanding of

their lives and this required improvement. Staff recorded daily notes about the care and support provided and these were detailed and up to date. We observed care was delivered in line with people’s care plan.

People’s individual needs for stimulation and social interaction were recognised in their care plans. Some people were able to access the local community independently to attend local meetings or meet friends. There was only an activities coordinator in the mornings and therefore no programme of entertainment for the afternoon or at weekends. However people did not mind this and told us they occupied themselves. We saw the activities coordinator asked people if there were things they needed for the afternoon and prepared some things for them such as jigsaws and drawing equipment. During the inspection we observed some people engage enjoyably in a skittles activity and there was a visit from a pet therapy service. The activities coordinator told us they would spend time with people on an individual basis in their room engaged in an activity of their choice such as reading a newspaper if this was preferred. We observed some people preferred to occupy themselves by reading or engaging in their own group activity such as playing cards. Two people expressed a wish for more outings and one person wanted to get more exercise. The activities coordinator told us outings were arranged occasionally to a local garden centre or place of interest but these were less frequent in colder weather.

There were processes to investigate and manage complaints. People told us they knew how to complain if they needed to. One person told us ““I would go to any of the staff (if I had a problem) and they would help me.” There was a complaints policy in the hall for easy access. The policy had time scales for response and guidance on what to do if you were unhappy with the response. The manager told us they had an open door policy for people and their relatives and any issues were promptly dealt with.

# Is the service well-led?

## Our findings

People told us they thought the home was well run and organised. One person said “I can well recommend it here.” Relatives also expressed this view. One relative told us “I will come here, when it is my turn, we looked at so many, and this was the best!”

At the last inspection on December 2014 we had found a breach of regulations as systems for monitoring the quality of the service had not always been operated effectively. At this inspection we found that arrangements to monitor the quality of the service had improved but there was still some further room for improvement. While some of the issues we identified at the last inspection, such as the unsafe storage of medicines had been identified they had not been acted on in a timely way.

The issues identified at the previous inspection for example in relation to the management of medicines, premises issues and the cleaning of the kitchen tiles had been acted on. Audits were being completed to monitor quality across the service such as an infection control audit, health and safety audits, medicines audits and checks on first aid equipment. In addition the provider carried out regular monitoring visits to check the quality of the service. We saw these identified issues for improvement. However action had not been taken promptly to address areas such as the lack of ‘as required’ medicines protocols and the need for separate mental capacity assessments.

The registered manager who had worked at the service for many years had recently retired from the service and a new manager, who had not yet applied to register, had come

into post a few weeks before the inspection. They were aware of their responsibilities as a manager and the requirements to notify CQC about particular notifiable events.

People and their relatives spoke positively about the new manager. One person said of the manager, “They are lovely, they have been very good to me. They are always willing to listen.” A relative told us “The manager is a very nice person. They never get ruffled and are always very calm. A good person to be in charge.” Another relative commented “It is a well-managed home, with the new manager.”

Staff were also positive about the new manager and told us they were supportive and led the team well. One staff member told us “She is approachable and helpful.” During the inspection we observed positive team work within the staff group helping each other to ensure people’s needs were met. Staff communication was good and we observed staff discussing people’s needs in the handover meeting in an organised and coordinated way.

Relative and resident meetings were held to ensure information was provided to people and so that they could express their views about the service. Minutes of the last meeting held on 18 November 2015 showed that people were consulted about activities, Christmas arrangements and the menu. We saw where an issue had been raised that this had been taken up and dealt with by the manager

The provider sought the views of people, relatives and staff about the service through the use of surveys. At the last inspection we had found the surveys had been limited in the areas they sought feedback about. At this inspection we found the provider had increased the areas they requested feedback about. Surveys were anonymous but any issues identified were communicated to the manager to act on.

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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**Arrangements for the proper and safe management of medicines were not always in place.**

Regulation 12 (2) (g).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

**Arrangements to comply with the Mental Capacity Act 2005 were not always in place.**

Regulation 11 (3)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

**Care and treatment was not always appropriate to meet people's needs or reflect their preferences.**

Regulation 9 (1)(a)(b)(2)(3)(a)(b)