In Safe Hands Home Care Limited

Bluebell House Residential Care Home

Inspection report

74-76 Mitchell Avenue, Ventnor, Isle of Wight, PO38 1DS
Tel: 01983854737
Website: insafehands.carelimited@yahoo.co.uk

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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 and 21 April 2015 and was unannounced. The service provides accommodation and personal care for up to 19 people, including some people living with dementia. There were 16 people living at the service when we visited.

There was a registered manager at the home. 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.

At our last inspection, on 24 and 26 June 2014 we asked the provider to take action to make improvements to care plans, risk assessments, recruitment procedures and staff training and supervision. The provider did not have an effective system to assess and monitor the quality of the service people received and had not notified the

Summary of findings

commission of incidents they are required to notify us about. We set compliance actions and the provider sent us an action plan telling us they would meet the requirements of the regulations by 30 October 2014. At this inspection we found action had been taken to make these improvements.

We found two breaches of the health and Social care Act 2008 (Regulated Activities) regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

People's safety was being compromised in several areas. This included records and information relating to the control of infections which was not available. In addition the laundry area did not have hand washing facilities placing people at risk of infection although the home was visibly clean.

The Mental capacity Act 2005 (MCA) was not always being followed. People's ability to make decisions had not been recorded appropriately, in a way that showed the principles of the MCA had been complied with. Family members told us decisions had been discussed with them, but best interest decisions had not been recorded. Staff were offering people choices and respecting their decisions appropriately.

People were not receiving the mental and physical stimulation they required as there were limited activities, although the registered manager had plans to develop activities to ensure these met people's individual needs and interests.

Quality assurance systems were informal and often not recorded. Some essential audits such as for infection control had not been carried out.

People and relatives were positive about the service they received. They praised the staff and care provided. People were also positive about meals and the support they received to ensure they had a nutritious diet.

Care plans provided comprehensive information about how people wished to be cared for and staff were aware of people's individual care needs. Records of care provided showed people were receiving the care they required. They had access to healthcare services and were referred to doctors and specialists when needed. Reviews of care involving people or relatives where people lacked capacity were conducted regularly.

There were enough staff to meet people's needs. Contingency arrangements were in place to ensure staffing levels remained safe. The recruitment process was safe and ensured staff were suitable for their role. Staff were now receiving appropriate training and were supported through the use of one to one supervision.

People and relatives were able to complain or raise issues on an informal basis with the registered manager and were confident these would be resolved. This contributed to an open and transparent culture within the home. Visitors were welcomed and there were good working relationships with external professionals. Staff worked well together which created a relaxed and happy atmosphere, which was reflected in people's care. The registered manager was aware of key strengths and areas for development of the service and there were continuing plans for the improvement of the environment.

There was a breach of Regulations 12 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Records and information relating to the control of infections was not available and the laundry area did not have hand washing facilities. The home however appeared clean and hygienic.

People told us they felt safe and staff knew how to identify, prevent and report abuse. Risks were managed effectively and equipment was used safely. Plans were in place to deal with foreseeable emergencies.

Medicines were stored securely and managed safely. People received their medicines as prescribed.

There were enough staff to meet people's needs. Contingency arrangements were in place to ensure staffing levels remained safe. The recruitment process was safe and ensured staff were suitable for their role.

Is the service effective?

Requires improvement

The service was not always effective

Where people lacked the capacity to make decisions, best interest meetings were not recorded. This meant people's legal rights could be compromised.

People were offered a choice of suitably nutritious meals and received appropriate support to eat and drink. The nutritional intake of people at risk of malnutrition was monitored effectively.

Staff were suitably trained and received appropriate support from the provider. People could access healthcare services when needed.

Is the service caring?

Good

The service was caring.

People were cared for with kindness and treated with consideration. Staff understood people's needs and knew their preferences, likes and dislikes.

People (and their families where appropriate) were continually involved in assessing and planning the care and support they received.

People's privacy was protected and confidential information was kept securely.

Is the service responsive?

Requires improvement

The service was not always responsive.

There was a lack of activities to meet people's needs although the registered manager was developing the activities available to ensure these met people's individual needs and interests.

Summary of findings

People praised the quality of care and told us their needs were met. Care plans provided comprehensive information about how people wished to be cared for. Reviews of care were conducted regularly.

People and relatives were able to complain or raise issues on an informal basis with the registered manager and were confident these would be resolved.

Is the service well-led?

Requires improvement

The service was not always well led

The provider's quality assurance systems were largely informal with limited use of formal audits.

There was an open and transparent culture within the home. The provider and the registered manager were approachable and people felt the home was run well.

The provider sought feedback from people and staff; they used the information to improve the home.

Bluebell House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 21 April 2015 and was unannounced. The inspection was conducted by one inspector.

Before the inspection we also reviewed information we held about the home including notifications. A notification is information about important events which the service is required to send us by law.

We spoke with four people living at the home and three family members. We also spoke with the provider's representative, registered manager, two senior care staff, three care staff, the cook and the cleaner.

We looked at care plans and associated records for three people, additional records of care people had received, staff duty records, two recruitment files, accidents and incidents, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. We spoke with five visiting health professionals during the inspection to obtain their views.

Requires improvement

Is the service safe?

Our findings

Infection control arrangements and procedures did not ensure the risks of infection were assessed and managed. The Health and Social Care Act 2008 code of practice on the prevention and control of infections and related guidance provides specific details as to how infection control risks should be assessed and managed. The home did not have a designated infection control lead, infection control risk assessments or infection control annual statement as required by the code of practice. The provider was in the process of upgrading the laundry facilities which were situated in an area outside the main home. The new laundry area, which was in use, did not have hand washing facilities. This meant staff would not be able to wash their hands until they returned into the home and entered one of the home's bathrooms. The home did not have cleaning schedules or records of cleaning undertaken and no audits of cleaning and infection control had been completed. Products used for cleaning, which may have been potentially harmful to people were not always stored securely and could have been accessed by people living with dementia.

Failures to assess and manage the risks relation to infection control and prevention were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us the home was always clean. One person told us cleaning staff "vacuumed every day and clean my washbasin". A relative said there were "never any unpleasant smells and the home always looked clean". The home appeared clean and there were two cleaners who between them worked seven days per week. One cleaner told us how they organised their work to ensure all areas were completed. The cleaner was flexible and able to meet requests to undertake additional cleaning in areas where this was identified by staff. They felt they had sufficient time to complete all necessary cleaning tasks.

At our last inspection in August 2014, we Identified that there was a lack of information about when 'as required' medicines should be given. We made compliance actions and the provider sent us an action plan in October 2014 stating they were meeting the requirements of the regulations.

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Only staff who had completed medicines administration training were permitted to administer medicines. Arrangements were in place to ensure people could receive as required medicines including at night via on-call staff that were in the building.

Staff knew how people liked to take their medicines and medication administration records (MAR) confirmed that people had received their medicines as prescribed. We saw one person required their medicines at specific times and staff had systems in place to remind them when these were due. We saw the person received their medicines at the times prescribed. Staff were also aware which medicines should be given before or after meals and again saw these were given correctly.

One person was self-administering their medicines. A risk assessment had been completed and the person had been provided with secure storage for their medicines in their bedroom. Staff and the person told us random stock checks of the medicines were completed as detailed in the person's risk assessments.

An external pharmacist had undertaken a medicines audit in January 2015 and had not identified any concerns with the procedures in use. A senior staff member undertook a weekly check of medication including checking stock levels to confirm medication had been given as prescribed and recorded on the medication administration records.

People told us they felt safe. A family member said, "I have no concerns for [my relative's] safety. Any problems and they call me." Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse, and how to contact external organisations for support if needed. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. One staff member said "if there were any concerns I would tell the managers. They would deal with it but if not I know who else to get hold of." The provider had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.

Risks were managed safely. All care plans included risk assessments which were relevant to the person and

Requires improvement

Is the service safe?

specified actions required to reduce the risk. These included the risk of people falling, medication self-administration or developing pressure injuries. Short term risk assessments were also in place with guidance for staff around the presence of contractors who were undertaking environmental improvements to the home. These procedures should help ensure people were safe from avoidable harm.

We observed equipment, such as stand-aids and pressure relieving devices, being used safely and in accordance with people's risk assessments. People had individual equipment such as slide sheets which were seen in their bedrooms. This would ensure they were the right size and type to support the person safely. Staff told us, and relatives confirmed that moving and handling equipment were always operated correctly by two members of staff. Individual moving and handling risk assessments had been completed. Care records were signed by both staff demonstrating two staff had been involved with repositioning of immobile people meaning correct procedures had occurred to ensure the safety of the person.

There were plans in place to deal with foreseeable emergencies. Staff had undertaken first aid and fire awareness training. They were aware of the action they should take in emergency situations. Personal evacuation plans were available for all people. These included individual detail of the support each person would need if they had to be evacuated. The registered manager stated they were investigating options as to where people could be taken in an emergency if they were unable to immediately return to the home. Records viewed showed essential checks on the environment such as fire detection, gas, electricity and equipment such as hoists and stair lifts were regularly serviced and safe for use.

There were enough staff to meet people's needs at all times. People and relatives told us there were enough staff and call bells were responded to promptly. Staffing levels were determined by the registered manager who assessed people's needs and took account of feedback from people, relatives and staff. The registered manager and provider were available and provided additional support when required. We witnessed this on the second day of our inspection when a person required urgent medical attention. Duty rosters showed that staff covered additional shifts when necessary. This demonstrated a commitment from staff and ensured staffing levels were maintained at a safe level.

Recruitment procedures were in place to help ensure that staff were suitable for their role. Interviews included set questions to assess the applicant's knowledge and suitability. The provider carried out the relevant checks including references and criminal history check to make sure staff were of good character with the relevant skills and experience needed to support people appropriately. Staff told us this process was followed before they started working at the home.

Requires improvement

Is the service effective?

Our findings

People told us staff knew how to care for them. One person told us staff "know what help I need and how to do it the way I like". A relative said "[my relative] always looks clean and well cared for. They always look comfortable when I visit".

People's ability to make decisions had not been recorded appropriately, in a way that showed the principles of the Mental Capacity Act, 2005 (MCA) had been complied with. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Mental capacity assessments had been completed for people. However, these were not decision specific and did not include information as to how people could be supported to make decisions.

Two thirds of the people using the service had a cognitive impairment. Care records showed some people were unable to provide consent to certain decisions, including the use of bed rails, the administration of medicines and the receipt of personal care. Family members told us these decisions had been discussed with them, but best interest decisions had not been recorded. One person was receiving their medicines in a hidden way without their consent. An assessment of their capacity had been completed and their GP had recorded that they could have their medicines hidden in food however, a best interest decision involving all relevant people had not been made. The MCA had not been followed and the person's rights were therefore not protected.

The provider had policies in place in relation to 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 the person safely. The registered manager had made DoLS applications for seven people and was waiting for the local authority to complete their assessments.

The failure to ensure the MCA legislation was correctly implemented was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of the support people needed to keep them safe and actions they should take. Where people had capacity we saw that they were not restricted in leaving the home. One person told us how they enjoyed going out each day and they had no restrictions placed on them.

People and their relatives spoke positively about the care they received. One person told us that staff knew how to meet their specific healthcare needs and support when required was always provided. A relative described how their loved one had been supported during a period of ill health and that they had been kept informed of any new medical needs. We spoke with a health professional who said staff were knowledgeable about the people and that they were contacted appropriately and their guidance was followed.

People were able to access healthcare services. Relatives told us their family members always saw a doctor when needed and were admitted to hospital promptly if investigations or treatment were required. Care records showed people were referred to GPs, community nurses and other specialists when changes in their health were identified, for example if they started to lose weight or showed signs of developing pressure injuries.

People and their relatives praised the quality of the food. One person said, "I'm very happy here. The chef has been wonderful in helping plan a menu for me as I am unable to eat some foods which make me unwell". A family member told us staff made sure their relative "eats well and drinks lots." Another person told us they could request extra snacks if needed saying "all I have to do is ask".

People received appropriate support to eat and drink enough. They were offered varied and nutritious meals including a choice of fresh food and drink. The chef was aware of people who needed their meals prepared in a certain way or to meet individual dietary restrictions. The chef was also aware of people's individual preferences as were staff. Drinks were available to people and within reach, together with a variety of cups and beakers to suit people's needs.

People were encouraged to eat well and staff provided one to one support where needed. When people did not eat their meals, staff tempted them with alternatives, such as

Requires improvement

Is the service effective?

sandwiches and gave people time to eat at their own pace. Staff maintained records so that they could monitor the food and fluid intake of people at risk of malnutrition or dehydration and took appropriate action where required.

At our last inspection in August 2014, we found there was a lack of information about people's ability to consent to care and staff were not supported or provided with all necessary training. We set compliance actions and the provider sent us an action plan in October 2014 stating they were meeting the requirements of the regulations.

At this inspection we found action had been taken and staff were supported and received a range of training relevant to their role.

Staff were knowledgeable about the needs of people living with dementia and how to care for them effectively. New staff received induction training which followed the Skills for Care common induction standards. These are the standards people working in adult social care need to meet before they can safely work unsupervised. Records showed staff were up to date with all the provider's essential training and this was refreshed regularly. Most staff had obtained vocational qualifications relevant to their role or were working towards these.

People were cared for by staff who were motivated and supported to work to a high standard.

Staff were supported appropriately in their role. They received one-to-one sessions of supervision with the registered manager. The provider was organising the first yearly appraisals as they had now owned the home for one year. There was a formal process which would be used for the appraisals which would provide opportunities for staff to discuss their performance, development and training needs. One staff member told us "the owners are always available and if we are short they help out." Another member of staff said, "they are really approachable and I trust them to sort out any issues".

The environment was safe and adaptations had been made to make it suitable for older people, such as a stair lifts, level access to outside decking and a range of seating. Many communal areas and bedrooms had been redecorated in the past year. Redecoration had considered the needs and wishes of people and included signs and contrasting colours such as in the ground floor toilet to assist people with dementia. The providers had a plan for further work on the environment to make it more suitable for people and ensure it provided the facilities to maximise independence and enable staff to care for people safely.

Good

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person told us "Staff are wonderful." Another person said of the staff, "it's the first home I've lived in that really feels like a home, like a family." A relative described staff as "dedicated, kind, caring and compassionate" and said, "I can't fault them." Another relative told us "the staff and owners are always able to talk to me; they tell me what's going on so I don't need to worry".

Staff spoke fondly of the people they cared for and treated them with consideration. For example, when staff were serving meals they engaged people in conversations about the meal and ensured they had meals they liked. All members of staff spoke positively about people and were aware of their preferences individual wishes.

Staff understood people's Individual needs. For example, staff were aware of the type of music one person liked to listen to and we saw this was playing in their room. A relative told us how birthdays were celebrated with a special buffet tea and family were invited. When staff entered the room of a person who was cared for in bed, they knocked first then called out and stated who they were. They then made a point of seeking eye contact with the person and explaining why they had come into the room. Staff were aware of people's communication needs. For example, they told us they always explained to a person what they were planning to do before and during the provision of personal care. They said the person did not always respond but sometimes would say yes or no and they would respect this.

When people moved to the home, they (and their families where appropriate) were involved in assessing and planning the care and support they needed. Comments in care plans showed this process was on-going and family members were kept up to date with any changes to their relative's needs. People's preferences, likes and dislikes were known, support was provided in accordance with people's wishes and staff used people's preferred names. A family member told us "I've seen and discussed [my relative's] care plan and staff contact me when anything needs changing." The registered manager was in the process of gaining information from people and relatives about people's activities wishes and previous leisure interests. They told us this was to be used to develop more individual activity plans.

Staff ensured people's privacy was protected by speaking quietly and ensuring doors were closed when providing personal care. People stated that staff ensured their privacy at all times and they had not witnessed any concerns with privacy or respect from staff interactions with other people. Confidential information, such as care records, was kept securely and only accessed by staff authorised to view them.

Requires improvement

Is the service responsive?

Our findings

Some people had their social needs met, but others did not. One person told us how they had been supported to undertake gardening and about further plans they had for the patio area once the weather was appropriate. Another person told us they enjoyed watching television. The care plan for a third person listed their sporting interests and a relative said staff turned on their loved ones television when specific sporting events were being shown.

During the two days of the inspection we did not see activities occurring and care records contained little information as to how people had spent their time. The registered manager had identified a need to provide more activities suitable for individual people. They were identifying people's individual activities interests with a view to ensuring activities provided met individual needs. However, at the time of the inspection people were not receiving adequate mental or physical stimulation. Resident meeting minutes for April 2015 were focused around identifying what people would like to achieve during the summer of 2015. People had given suggestions and the registered manager was looking at arranging individual and small group outings.

We recommend that the provider explores the provision of activities to ensure these meet individual people's needs and are appropriate for people living with and without dementia.

People and relatives praised the care provided and told us their needs were met. One person told us how the registered manager had met them before they moved in to discuss how their needs could be met. When they moved in they told us how they had been involved in decisions about their care planning and how staff could support them. They told us how adaptations to the layout of their room had been made to make life easier for them and about further changes that were planned to promote their independence. They and other people told us how staff always responded to call bells promptly and "the staff do what we ask them to do".

At our last inspection in August 2014, we found care plans had not been updated to reflect people's needs where these had changed and there was inadequate information in some care plans as to how specific needs should be met. We set compliance actions and the provider sent us an action plan in October 2014 stating they were meeting the requirements of the regulations.

At this inspection we found action had been taken and care plans were reflective of people's current and individual needs.

Care plans provided comprehensive information about how people wished and needed to receive care and support. They each contained a detailed description of the individual care people required throughout the day covering needs such as washing, dressing bathing, continence and nutritional. Where people had short term needs additional short term care plans were introduced. People had signed care plans and risk assessments which demonstrated that they had been involved in the planning of their care. Where people lacked capacity relatives had been involved in care planning and reviews. Records of daily care confirmed people had received care in a personalised way in accordance with their individual needs and wishes. Staff were able to describe the care provided to individual people and were aware of what was important to the person in the way they were cared for.

Reviews of care were conducted regularly by the registered manager. As people's needs changed, their care plans were developed to ensure they remained up to date and reflected people's current needs. People and their relatives were consulted as part of the review process.

We spoke with health professionals. They told us there was always a member of staff or the registered manager available to support them. Paramedics who were attending a person with an urgent health need were complimentary of the support they received from the home's management. We saw that the registered manager and provider had responded correctly, seeking medical advice and advocating on behalf of the person to ensure their needs were met. This also meant care staff on duty were able to continue to provide the care and support other people required.

The registered manager told us how they sought views of people when decisions about the home were being made. For example, people had been consulted about a fish tank prior to this being purchased and also about plans to add a summerhouse to the outside area.

Requires improvement

Is the service responsive?

The provider had a complaints procedure in place. Relatives and people told us they had not had reason to complain, but knew how to if necessary. The registered manager said they made a point of talking to people and visitors and felt this meant people could raise any issues in an informal way which could be quickly resolved. They felt this was why they had not received any formal complaints since they had taken over the home.

Requires improvement

Is the service well-led?

Our findings

The provider and registered manager were not undertaking formal audits such as for infection control, documentation or the environment. They were fully involved in the day to day running of the home and monitored the service provided by constantly monitoring this and talking to people, relatives and staff. The provider had commissioned an external fire safety assessment and had consulted with the local fire service to determine which aspects of this were essential. Action had been taken to improve emergency exits to comply with legislation.

The provider had identified a need to review and rewrite many policies and had recently contracted with an external organisation who provided policies and procedures which would then be individualised to the home and service provided.

At our last inspection in August 2014, we found there was a lack of quality monitoring processes. We set compliance actions and the provider sent us an action plan in October 2014 stating they were meeting the requirements of the regulations.

At this inspection we found action had been taken. Quality monitoring processes had been introduced although some were informal and had not been recorded.

We recommend that the provider reviews their quality monitoring procedures and ensures records are kept of all formal and informal monitoring they complete.

The provider sought feedback from people and staff on an on-going basis. Responses from a recent survey were positive, showing people were satisfied with the overall quality of service provided. The registered manager said they would address any individual issues raised and use the information to identify actions and improvements. However as the comments had been very positive there had been little that could be changed in response to the surveys.

There was an open and transparent culture within the home. Visitors were welcomed, there were good working relationships with external professionals and the provider notified CQC of all significant events. One person described the registered manager and provider as “extremely good” and “very approachable and accommodating”. Similar comments were made by other people who felt able to raise issues and were confident these would be sorted out. A relative said, “I’ve met the owners, they are often here and I think this home is very well run.”

We observed positive, open interactions between the provider, registered manager, staff, people and relatives who appeared comfortable discussing a wide range of issues in an open and informal way. The provider and registered manager were fully aware of people’s needs and knew visitors by name demonstrating they had regular contact with visitors.

Staff were also positive about the management of the home and said they were able to raise any issues or concerns with the provider or registered manager who “listened and responded.” Staff told us they enjoyed working at the home and felt valued. One member of staff described the staff approach as “team orientated.” We observed staff worked well together which created a relaxed and happy atmosphere and was reflected in people’s care.

The registered manager was aware of key strengths and areas for development for the service. There was a development plan in place, which included the installation of double glazing (which had just been completed) and work to the exterior of the home which could now be undertaken. Improvements were in progress for the kitchen and laundry areas. There were also plans to make a wet room, and improving bathroom facilities on the first floor. The registered manager was seeking the views of people and relatives to improve the range of activities provided to ensure these met people’s individual needs and wishes.

There had been few accidents or incidents however, records showed that these were responded to appropriately and investigated effectively. This included contact with external professionals to ensure people received the correct care to reduce the risk of future incidents. Safeguarding incidents were investigated thoroughly and findings were shared with other agencies, in accordance with locally developed arrangements. Any learning was identified and this fed into plans for staff development and training.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **The registered provider has failed to ensure that the risk of infections are assessed and action taken to reduce the risk of the spread of infection.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **The registered provider has failed to ensure the Mental Capacity Act 2005 was correctly used.**