Adiemus Care Limited

Cavell 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?	Good

Overall summary

The inspection took place on the 15th and 16th June 2015 and was unannounced. Cavell House is a care home with nursing. The people living there are mostly older people with a range of physical and mental health needs. Some people using the service were living with dementia. Cavell House is a modern building with two downstairs wings and a first floor area. The service is registered to provide support for 46 people. On the day of our inspection there were 46 people living at the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they liked living at Cavell House .One person said "It's very nice here" and another said "I'm very happy here". However there was not enough staff on duty on the day of our visit to provide support to people around meaningful one to one activities, particularly for people who stayed in in their rooms.

People were not always protected from infection and we have identified that this is an area that needs improvement.

Summary of findings

Peoples consent was not always sought in line with the Mental Capacity Act 2005. People's mental capacity to make decisions was not always assessed and best interest decisions were not recorded. This was particularly in relation to the installation of bedrails and administration of medicines.

Staff were appropriately trained, some of whom held a Diploma in Health and Social Care. All staff had received essential training. Staff had received training in supporting people living with dementia. Nursing staff maintained their nursing skills and could request training as needed.

We did not observe any activities taking place and could not see that individual one to one activities were planned for people who couldn't or didn't want to participate in group activities. We did not see any activities in place for people living with dementia.

People were safe as they were supported by staff that had been trained in safeguarding adults at risk procedures and knew how to recognise signs of abuse. There were systems in place that ensured this knowledge was checked and updated. Medicines were managed and administered safely. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the manager

We observed lunch, people had enough to eat and drink. They were given choices of food from a menu. Drinks were available throughout the day. One person told us "The food is nice". They were encouraged and supported to eat and drink enough to maintain a balanced diet. The service monitored people's weights and recorded how much they ate and drank to keep them healthy.

People told us that staff were kind, caring and approachable. One person told us "I feel able to talk to staff". Another person said "Staff are very nice, they look after me well". We observed staff treating people with dignity and respect.

The registered manager responded to concerns and complaints in a timely manner. A positive culture was promoted and new staff had a good understanding of how to communicate with people in an accessible way. There was a range of audit tools and processes in place to monitor the care that was delivered and the registered manager worked in partnership with visiting professionals to the home.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back 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 consistently safe

There was not always sufficient access to equipment and supplies for infection control.

There were enough staff on duty to provide care that was safe.

Safe recruitment practices were followed. Medicines were managed, stored and administered safely.

People were supported by staff that recognised the potential signs of abuse and knew what action to take. They had received safeguarding adults at risk training.

Is the service effective?

Requires improvement

The service was not consistently effective

People's consent to their care and treatment was not always obtained. Staff had not always followed the legislative requirements of the Mental Capacity Act 2005 (MCA).

People could choose what they wanted to eat and had sufficient to maintain a balanced diet. People had access to and visits from, a range of healthcare professionals.

Staff received essential training and new staff completed a comprehensive induction programme. Communication between staff and people was good.

Is the service caring?

Good

The service was caring.

Staff knew people well and friendly, caring relationships had been developed.

Staff treated people with dignity and respect. They encouraged people to be as independent as possible. People were asked for their views via questionnaires and meetings.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

There was limited consideration given regarding the one to one needs of people living at the home. There were no activities designed for people living with dementia in relation to their interests, activities and social engagement.

The registered manager responded to concerns and complaints and people felt able to express any concerns they had.

Care plans had been completed that represented people's support needs.

Summary of findings

Is the service well-led?

Good

The service was well-led.

There were formal systems in place to monitor the quality of the service, highlight any shortfalls and identify actions necessary for improvement.

The registered manager was fully involved in the day to day running of the home and had created a culture where there was open communication.

People were asked for their views about the service. Relatives were also asked for their feedback.

Cavell 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 and 17 June 2015. The inspection was unannounced. The inspection team consisted of two inspectors and a specialist advisor who had expertise in nursing care.

We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

On the day of our inspection, we spoke with eight people using the service and four relatives. We spoke with the registered manager, three nurses, three care assistants and a member of the domestic staff. We looked at eight people's care records, five staff files, medical administration record (MAR) sheets and other records relating to the management of the service. We contacted local health professionals who have involvement with the service, to ask for their views. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The last inspection took place on 6 November 2013. The home was fully compliant with all outcomes inspected.

Requires improvement

Is the service safe?

Our findings

People we spoke with said that they felt safe living at Cavell House. One person told us "I feel safe living here. Another person told us "I feel safe here" and another person said "staff are very good" Relatives we spoke with told us that they felt that their family members were safe living at Cavell House. One relative told us about their family member, "Yes, I know he's safe". However we found that the service was not consistently safe.

The registered manager told us that recruiting permanent members of staff had been a challenge but that there was a stable staff team in place and recruitment was on-going. People we spoke with said that "nurses are very busy" and a relative said "staff feel under pressure as they are understaffed". On the day of our visit there were enough staff on duty to provide care and support for people in relation to their care needs but not enough to provide social engagement and meaningful activity for people. We observed that people's care needs such as being washed and dressed and receiving clinical care were met but that there was not time for staff to spend with people talking to them or supporting them to engage with others and their environment. There were two nurses on duty on the day of our visit and eight care staff. The registered manager informed us there were always two nurses on the floor delivering nursing support directly to people but that they were also a nurse and the deputy manager was also a nurse and if she was not providing direct nursing care she was available as additional nursing support. The registered manager had a dependency tool to establish staffing need in relation to the care and support needs of people that lived at Cavell House. This tool had not been completed so we could not see how staff numbers were calculated against the health and social care needs of people. Some staff told us that there were enough of them to deliver the care needed but some staff felt that they would benefit from additional member of staff in the morning.

The environment was clean. Systems, training and equipment were in place that ensured the prevention and control of infection. However two of the sluice rooms were open on the day of our visit and in one room we saw that there were dressings and continence pads stored in a cupboard off the sluice room. These rooms were cluttered with items that should not be in these rooms such as flower vases. In one of the rooms the sluice was broken. The registered manager told us that the sluice rooms were in the process of being re-designed. We saw an action plan for this that identified the lack of cleaning facilities in sluice rooms and the plan for redesign. Staff also told us that there had been occasions when they had run out of gloves and wipes and had to go to a local supermarket to buy replacements. The registered manager told us that this was a contingency plan in an emergency when equipment ran out and that their budget for these items was being reviewed in order to ensure that staff had access to the equipment they needed to support people living at the home.

We recommend that the provider review their equipment and supplies in relation to infection control.

Steps had been taken to minimise risks to people wherever possible without restricting their freedom. These included nutrition and hydration assessments to establish whether a person needed specialist equipment to eat and drink independently. Skin integrity assessments to assess the risk of a person developing pressure areas (pressure sores) were completed and preventative measures such as pressure relieving equipment was in place for people at risk. Moving and handling assessments to establish whether people needed support to move had been completed and identified equipment people needed to move as safely and independently as possible. People told us and we saw equipment being used to help some people to move. Staff were knowledgeable about this equipment and how to use it safely. We observed someone being hoisted from a chair into a wheelchair and this was carried out safely and the person was involved in the process as staff talked about what they were doing. One person told us "I feel safe in the hoist".

People told us that medicines were administered on time. One person told us "yes I always get my medication on time". Another person said "Medication, that's all very good". Medicines were stored and administered safely. Nursing staff administered medicines and were aware of what medicines needed to be taken by people. Medicines were prescribed by the GP. A local pharmacy delivered medicines on a four weekly basis in blister packs. Medicines were stored in a locked room and transferred to a lockable trolley to be administered from. This trolley was locked when unattended. The staff member wore a tabard to indicate that they were administering medication and were

only to be approached if really needed. This ensured that the risk of being interrupted and making a mistake was minimised. There were systems in place for returning medicines that hadn't been used. Medicines that needed to be refrigerated were stored in a fridge where the temperatures had been recorded. The pharmacy carried out an audit every six months and we saw that this had been carried out. This ensured that any areas for improvement were identified. There was also a system in place for medicines practices to be audited by the management team.

We observed the staff member administering the medicines asking people if they were in pain and if the person needed pain relief. We observed them explaining what they were doing and what the medicine they were giving was for. When the person said "No" this was recorded and the reason for this. This showed us that people were involved in the administration of their medicines. The administration of medicines was correctly recorded on MAR (Medication Administration Records) that were provided by the pharmacy. Staff had training in medication awareness and nurse's medicines management practice was observed formally once a year by a member of the management team.

All staff had received recent training in safeguarding adults including the chef and domestic staff. Staff knew how to protect people from abuse and could identify potential signs in a person such as someone becoming more withdrawn or more agitated. Staff were aware that they needed to report any concern immediately to a manager in order for them to assess the situation and act accordingly. The registered manager told us that there were no open safeguarding investigations. Where there had been concerns of a safeguarding nature these had been referred. The registered manager knew who to contact in the local authority. They had access to the local authority's multi-agency policy and procedure. The registered manager, deputy manager, all staff nurses and some care assistants had attended a safeguarding roadshow recently run by the local council to remain up to date with changing requirements of new legislation. Where there had been whistleblowing concerns raised the registered manager had dealt with these in a timely and detailed way.

Safe recruitment processes were in place and the required checks were undertaken prior to staff starting work. This included obtaining two references, having a copy of the professional registration required for nursing staff and completion of disclosure and barring service checks for working with adults at risk. This ensured that people were protected against the risk of unsuitable staff being recruited to the service.

Requires improvement

Is the service effective?

Our findings

Staff had received training in the Mental Capacity Act (MCA) 2005 and DoLS and were aware of the need to act in a person's best interests if a person lacked capacity to make a certain decision. One staff member told us that the Act was a "Legal instrument that promotes the safety of a person who lacks capacity". The registered manager told us that six people had a DoLS (Deprivation of liberty safeguard) in place. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager had made referrals for the rest of the people living at the home. There was a professional from the local authority carrying out one of these assessments on the day of our visit.

We saw that capacity assessments had not been carried out for people regarding their ability to consent to certain decisions such as administration of medicines. Where people had bed rails in place there was no record that people had consented to this and consideration of capacity and a best interest decision making process if the person lacked capacity. We saw that relatives had signed on a person's behalf regarding consent to a DNACPR (Do not attempt cardio pulmonary resuscitation). A relative can only sign for a person who lacks capacity if they have lasting power of attorney or it can be evidenced that this is part of a best interest's decision making process.

This meant that the Mental Capacity Act was not being adhered to and peoples consent was not sought in line with relevant legislation. This meant that people's right to consent to treatment was not being considered and documented. This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. Weekly menus were planned and were rotated every four weeks. There was a good choice of food available throughout the day and the main meal was toad in the hole or stuffed peppers. One person told us "The food is nice". Another person said "there's a choice of two things, it's very good. This person told us "They give you plenty of food". We saw people's food preferences were documented in their records. For one person their preference to have sandwiches rather than a meal was documented. Drinks were available throughout the day, with every meal and mid-morning and mid-afternoon. There was a water cooler in the dining area that people could access at any time. Fluid charts were competed for people where this was an identified need.

At lunchtime we observed a table of four people with a member of staff assisting one person but engaging the whole table in a chat where everyone was involved. People were smiling and laughing. We also observed that some people had lunch in their rooms, choices were offered and people were engaged and supported in a relaxed unhurried way.

The service used a Malnutrition Universal Screening Tool (MUST) to monitor people's nourishment and weight. MUST is a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition. The tool includes guidelines which can be used to develop people's care plans. Where people needed a special diet such as a soft diet or liquidised food this was documented and we observed people receiving this. Some people needed their diets fortified with extra nutrition and we observed this to be in place. One person told us how they had been losing weight and that they now have fortified drinks to assist with putting on weight. We saw they had these drinks to hand. For another person we saw that weight loss had been identified and then following a program of eating fortified food their weight had increased over a period of time. A staff member told us that it was important when someone was losing weight to "Find out what the person likes" and "encourage as best we can".

Staff told us that they received an induction when they started working at Cavell House. This consisted of basic training in areas such as moving and handling, safeguarding adults and fire training. Staff also shadowed two or three shifts to support them with getting to know people and their needs. Training courses were carried out on the internet but also face to face with a trainer from head office. Training records confirmed that staff received training in different areas including equality and diversity, infection control, MCA and dementia awareness. When these training courses were due to be updated the dates for this were recorded. One staff member who had recently been promoted to a new position told us that they had been supported in their new role with on the job training with the manager. Nursing staff told us that they had received training in diabetes, end of life care, nutrition and

Requires improvement

Is the service effective?

hydration. Care staff had completed Diplomas in health and social care which showed us they had additional knowledge regarding working with people with health and social care needs.

Staff had received training in dementia awareness and the registered manager told us that a specialist in dementia care who visited the home on a regular basis was due to provide a specialist training in dementia the following week. This specialist confirmed their plans to carry out this training at the home when we spoke with them.

People were referred to health professionals where needed. Two people had recently been admitted to the home and were living with dementia. A psychiatrist and community matron who specialises in dementia had been consulted regarding medicines that may support the individual and behavioural strategies. Where people needed a referral to a SALT (speech and language therapist) this had occurred. When we spoke with one of the therapists who visits the home they told us that when people needed an assessment "Staff are really good at contacting us".

Parts of the premises were in need of replacement and updating. For example some carpets were threadbare and had marks on them. The home was in need of refurbishment. We saw that some redecoration was taking place and we saw that door frames were painted a different colour to the actual doors which would support people living with dementia to orientate themselves and differentiate where the doors were. The registered manger told us that there was an on-going plan of refurbishment in place that had been identified as part of the quality monitoring process. We saw in documentation that this was on-going and included re-carpeting as a matter of urgency of 25 bedrooms and two lounge areas.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said "Staff are very nice. They look after me well". Another person said "The girls are very good, I'm very happy here". Another said "Staff are very nice" and another said "All the staff are really good". Relatives we spoke with praised the caring attitude of staff. One relative said that staff were "really caring". Another relative said "Staff are very friendly", another said "Carers are great, it's a family".

We observed caring interactions between people and staff. When someone was confused as to where they were a member of staff gently reassured the person holding her hand. The person visibly relaxed and looked calmer. When someone needed to be hoisted into a wheelchair the process was explained to the person so they were clear about the process and involved in their care. However we saw one person being moved in a chair from the lounge area to the dining room without any conversation with the person asking them what they wanted to do or whether they wanted to be moved.

We saw that residents had been involved in meetings and looked at the minutes from these. Meetings were primarily to discuss the activities that went on in the home. For example a plan was devised with the residents for the courtyard garden. We could not see the progress of these plans as the activities co-ordinator had left and the registered manager was awaiting the recruitment checks for the newly appointed activities co-ordinator.

People told us that their dignity and privacy was respected. One person said "They respect my privacy, they are very good, they talk to me when giving me a wash". One of the examples staff gave regarding respecting people's dignity was ensuring when supporting someone with personal care that they talked to the person and told them what they were doing and gave them choices around what support they wanted. A staff member said "We always listen and ask how do you feel? Did you have a good sleep?". Staff told us that they offered people choices to enable them to be as independent as possible for example whether the person wanted to wash their face themselves or clean their teeth.

Staff told us of the importance of supporting people to be as independent as possible. A staff member told us that as a staff group they "need to look at the things people can do, give them control" and gave an example of someone applying cream to their hands. Another person gave an example of ensuring a person had access to physiotherapy to ensure they could be as mobile as possible. Staff spoke about respecting people's dignity and gave examples of always knocking on people's doors, making sure doors are closed and cover them when supporting with personal care.

Another staff member said that it was important to them that they "Speak to people how you would wish to be spoken to". Another staff member said "I always explain why I'm there and introduce myself". Another staff member said "You know which people like a joke and some people don't like that and prefer to be quiet, everyone likes different things". This showed us that staff knew people and what they liked and respected people's differences.

There was no one receiving end of life care on the day of our visit but for one person it had been identified that this may become a need and the local hospice service was aware of the possible need to support the person.

Requires improvement

Is the service responsive?

Our findings

People did not always receive care that was responsive to their needs.

People told us that there were some activities available for them and told us about singers that visited the home and that there was a church service every week for people to attend. There was a pat dog (Pets as therapy) that came to visit the home and one person told us about the birds of prey that had come to the home. One person told us "They brought an owl in for me". Some people told us about individual activities they pursued such as reading, doing puzzles and jigsaws and colouring in and we observed some people doing these.

The previous activities co-ordinator had left and a new person had been recruited. The registered manager told us that they were awaiting a DBS (Disclosure and Barring service check) for the new activities co-ordinator to be processed before they could start in post and implement a program of activities.

However on the day of our visit we did not see any activities taking place and we observed that people spent long periods of time sitting in lounge areas without any focused activities or engagement from staff around meaningful activities. We observed in three lounges that people were watching television and that this appeared to be a passive activity. When we spoke to people they visibly became interested in the conversation and wanted to be engaged. For people living with dementia we did not see any activities that met their individual need for stimulation and engagement. We also did not see any program of one to one activities for people who remained in their rooms. When the previous activities co-ordinator had been in place there were recordings in people's files that indicated that people had contact with the co-ordinator and they spent time with people chatting to them. Staff members we spoke with were not regularly involved in providing or supporting activities for people. Staff told us that people would benefit from more activities. There were no activities in place that met the needs of people living with dementia. There was nothing contained in care records that indicated that activities were designed for individuals or reflected their personal preferences. The lack of person centred activities and absence of stimulation placed people at risk of isolation and withdrawal.

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

People were assessed by the registered manager prior to being admitted to the service and were involved in planning their care. The care plans followed the activities of daily living such as communication, personal hygiene, continence, moving and mobility, nutrition and hydration, breathing, pain control, sleeping, medication and mental health needs. A review of care plans identified that people's care and treatment was planned and delivered in a way that was intended to ensure their safety and welfare.

Care plans included people's social history, likes, dislikes, social, cultural and religious preferences. All care plans were reviewed and updated on a monthly basis, involving professional support where required, e.g. input from a physiotherapist, dietician or psychiatrist and any changes to the care plan as a result of this review were recorded. People's general health was routinely monitored and recorded. We observed that people received the care that was documented in their acre plans and staff knew peoples individual preferences. For one person who had recently moved to the home we saw that their personal history was recorded including the family, work history, hobbies and interests, this information had been gathered from a family member as this person was unable to communicate their wants and needs. It was recorded that they liked a gin martini in the evenings. As this person had taken some time to settle at the home they had been offered this specific drink to help them feel more at home. We saw that the dementia nurse specialist had been involved and a psychiatrist to support this person living with dementia.

People told us they felt able to discuss their care with the staff and that staff always responded to them when they needed support. One person said "If I'm unwell they always get the nurse". Another person said "Nurses try very hard" and another said "Nurses bend over backwards". A relative told us about their family member "If they need anything it's done". One person told us "They always ask me if I would like to go downstairs, I prefer to stay in my room".

The registered manager showed us that they had responded appropriately to two complaints that had been raised in the last year by family members. This showed us that the registered manager had followed the organisations

Requires improvement

Is the service responsive?

complaints procedure and responded in a timely way to concerns that had been identified. There was documentary evidence that relatives that had complained were happy with the outcome of the response.

Good

Is the service well-led?

Our findings

Relatives we spoke with said that Cavell House was well led and that the registered manager was approachable. One relative said that the manger "Affords me any time I want" and another relative said that any issues they raised were addressed. People we spoke with said they weren't sure who the manger was but were aware that a new manger was in post. When we spoke with the registered manager she knew who people were and we observed her interacting with people with warmth.

The registered manager told us that since being in post for five months her vision for Cavell house was "To maintain and improve a place where staff are friendly and welcoming and have high standards". She wanted people to have "Very good lives with good quality care". Staff told us that the happiness of people living at the home was of paramount importance. One staff member said their role was to "Keep residents with a smile on their face" and another staff member told us that staff's role was "Inclusiveness". They felt that people, staff and relatives were involved in running the home.

Staff told us that they thought Cavell House was well led and they were supported to carry out their jobs providing care and support to people. One member of staff said about their relationship with the manager "We have a good rapport". Another said "The manager is approachable". Another staff told us the home was "Managed well" and another staff member said "We work as a team".

On the day of our visit there were problems with the electricity supply which had meant that a contingency plan had had to be implemented. For example this involved ensuring that people had the correct equipment in place and that people had access to food and drink at breakfast time. We saw that the registered manager had put a plan in place and an electrician visited as soon as possible. This plan minimised the disruption to the delivery of care and support and therefore the risks to people living at the service. This situation had been managed in a calm and efficient way with clear directions given by the registered manager.

The registered manager acknowledged the areas that we identified as requiring a response for example around the updating of the premises, the absence of activities and contingency plans for PPE equipment. We saw that there were plans in place that were addressing these issues. We saw evidence that the provider had been contacted regarding work on the environment and the budget for PPEs, new activities co-ordinator had been recruited. The registered manager told us that the environment of the home was receiving a "face lift". We also saw that issues raised by staff regarding PPE had been addressed in a team meeting. A compliance officer from the provider visits monthly to carry out an audit of practice at the home. We saw that areas for improvement had been identified and an action plan was in place.

The registered manager showed us the range of audits carried out by her and the management team. These included audits of complaints, accidents and incidents, medicines, pressure sores, weights, bed rails and falls prevention. These audits happened on a monthly basis. For example we saw that for one person who had had a series of falls recorded as accidents a referral to the falls team had been actioned, their medicines reviewed, a sensor mat put in place to detect movement and tests for infection referred for. These were actions that were identified as part of the auditing of falls prevention.

There were systems for consulting people regarding the support they receive. A survey had recently been completed in March 2015. Actions had been identified regarding getting outside entertainers in for people and activities boards to be put up. We saw that activities boards had been purchased but were not up on the walls.

These systems showed us that the manager had a system in place for ensuring the ongoing monitoring of the quality of the service. Robust systems were in place to monitor the clinical care that was delivered to people. There were limited systems in place to monitor person centred care and the social needs of people that lived at the home including the social needs around engagement and stimulation for people living with dementia.

The registered manager told us that she was supported by an area manager and that staff from head office were supportive of her role. She told us her manager "Was always on the end of a phone" and that she attended managers meetings once a month which were a supportive forum to discuss any issues that needed addressing. The registered managed told us that she had received one supervision session with her manager in the last six months.

Good

Is the service well-led?

The registered manager and deputy manager told us that they attended the local care homes forum where they met with managers of other care homes in the area. They told us that this was a useful forum for sharing ideas and learning about new developments in health and social care and supported them to keep up to date.

Visiting professionals we spoke with told us that the registered manager and staff worked in partnership with them and contacted them in a timely manner that ensured the welfare of people living at the home.

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 9 HSCA (RA) Regulations 2014 Person-centred care Care and treatment of service users had not always been provided to meet their needs and reflect their preferences. Regulation 9 (1)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Care and treatment of service users had not always been provided with lawful consent of the relevant person because the provider had not always acted in accordance with the 2005 Act. Regulation 11(1)(2)(3).

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.