Abacus Quality Care Ltd

Abacus Quality Care Ltd T/A Abacus Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We inspected this service on 19 October 2015. The inspection was unannounced. At our previous inspection in March 2013, the service was meeting the regulations that we checked. The service provides accommodation and personal care for up to 27 older people that were living with dementia. There were 25 people living at the home on the day of our inspection.

There was no registered manager in post at the time of our 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.

Although the provider determined the staffing levels on an assessment of people's needs, they had not taken into consideration the deployment of staff or additional tasks that staff were responsible for. This led to insufficient staff being available to meet people's individual needs. Staff

Summary of findings

had knowledge about people's care and support needs but guidance was not always in place or followed to support staff in meeting people's needs in a safe way. Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm but staff were not clear on the external organisations they could report to. Medicines were managed safely but guidance was not in place to ensure that staff knew what to do when people refused to take their medicine. Protocols where not in place for staff to follow regarding as required medicines, to ensure people were given these medicines as and when needed. The provider had not undertaken thorough recruitment checks to ensure the staff employed were suitable to support people.

Staff received training to meet the needs of people living in the home, but we found staff's lack of understanding in some areas of training meant it could not be implemented into their practice. Staff supervision, which may have identified areas where staff needed further support to develop their skills, were not consistently taking place. The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity in certain areas, capacity assessments had been completed to show how people were supported to make those decisions. People received food and drink that met their nutritional needs and were referred to healthcare professionals to maintain their health and wellbeing.

Staff were caring in their approach, but the main interaction with people was focussed on offering support or completing a care task. Staff we spoke with had a good understanding of people's likes, dislikes and preferences. People felt confident they could raise any concerns with the manager. There were processes in place for people to express their views and opinions about the home. There were systems in place to monitor the quality of the service but the manager had not been provided with the time to undertake these. This meant they had not identified some of the areas of concern we found during our inspection visits.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

The staffing levels in place did not ensure people's individual needs were met. Risks to people's health and welfare were not always identified or followed to ensure staff could minimise risks to people. Guidance was not in place for staff, to ensure 'as required medicines' were administered safely or for staff to follow when people refused to take their medicine. Recruitment procedures were not thorough to ensure the staff employed were suitable to support people. Staff understood their responsibilities to keep people safe and were confident any concerns they raised would be listened to and appropriate action taken by the manager.

Is the service effective?

Requires improvement

The service was not consistently effective

Staff received training but their understanding of this training was not monitored to ensure they had the knowledge required to meet people's individual needs. Staff supervision was not consistent to enable the manager to identify areas where further staff development was needed. Assessments were in place to demonstrate that decisions were made in people's best interest when they lacked capacity to make decisions for themselves. People's nutritional needs were monitored appropriately. People were supported to maintain good health and to access healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

There was a positive relationship between the people that used the service and the staff that supported them. People liked the staff. Staff knew people well and understood their likes, dislikes and preferences so they could be supported in their preferred way. People's privacy and dignity was respected and their relatives and friends were free to visit them at any time.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People's individual needs were not fully met. People and their relatives were involved in discussions about how they were cared for and supported. Complaints were responded to appropriately. The provider's complaints policy and procedure was accessible to people who lived at the home and their relatives.

Summary of findings

Is the service well-led?

The service was not consistently well led

There was no registered manager in post. Quality monitoring systems had been developed to gather people's views but audits regarding the management of the home had not been completed on a regular basis to identify areas that required improvement. Staff and people that used the service were positive about the management of the home. People found the manager approachable and friendly.

Requires improvement

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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 was 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 the 19 October 2015 and was unannounced. The inspection team consisted of two inspectors 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.

We did not send the provider a Provider Information Return (PIR) request prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we asked the provider if there was information they wished to provide to us in relation to this.

We reviewed the information we held about the service. We looked at information received from the public, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with eight people who used the service and three people's visitors. We spoke with two care staff, the chef, the manager and the provider.

We observed how staff interacted with people who used the service and looked at three people's care records to check that the care they received matched the information in their records. We looked at the meals to check that people were provided with food that met their needs and preferences. We looked at the medicines and records to check that people were given their medicines as prescribed and in a safe way. We looked at other records that related to the care people received. This included the training records for the staff employed, to check that the staff were provided with training to meet people's needs safely.

We looked to see if staff were provided with support in their jobs. We looked at the recruitment records of two staff to check that the staff employed were safe to work with people. We looked at the systems the provider had in place to monitor the quality of the service.

Requires improvement

Is the service safe?

Our findings

People's safety was not always maintained because identified risks were not managed consistently. For example one person had been identified as having a high risk of falls. The member of staff supporting this person told us, "It worries me if [person who used the service] walks on their own. I haven't been told anything but it would be in their care plan." However there was no falls care plan in place for this person. This demonstrated that staff didn't know what information was in people's care plans and in this case had not been provided with guidance to ensure this person was supported safely. Another person's risk assessment and care plan said they liked to spend time in the garden but needed staff supervision to ensure they remained safe. We saw two occasions when this person accessed the garden without staff supervision. This demonstrated that staff were not following guidance to ensure this person's safety was maintained.

There were no management plans in place to guide staff on how to support people when they demonstrated behaviours that put themselves and others at risk. One person had without invitation gone into another person's bedroom and refused to leave. Discussions with the member of staff supporting people on this floor demonstrated that they had not received any guidance on how to manage this behaviour. Another example was seen in an incident record where the staff's response to a person's behaviour had initiated this person becoming verbally aggressive. This lack of guidance for staff meant that people who demonstrated behaviours that put themselves and others at risk were not supported in a safe and consistent way.

This is a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

One area of the corridor on the first floor had three steps, although a hand rail was in place, these steps were not independently accessible to people with limited mobility who lived on this floor. For example, some people required the use of a walking aid and could not access this area independently. The provider told us that in the past a ramp had been put in place but this had increased the risk of falls as the ramp was steep. However the provider had not adequately assessed the environmental risk to people, as only one member of staff was on duty on the first floor with eight people, some who were assessed as at risk of falling. This meant people could not be monitored on a continuous basis when in this area, which put people at risk of falling and possible injury.

This is a breach of Regulation 12 (1) (2) (d) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

There were not enough staff to ensure people's individual needs were met. Although the provider calculated the staffing levels according to people's needs, the deployment of staff and additional duties of staff did not ensure people were kept safe at all times. Three staff supported the 17 people on the ground floor but only one member of staff was available to support eight people on the first floor. Some people living on the first floor demonstrated behaviours that put themselves or others at risk. The member of staff on the first floor was responsible for supporting people with their personal care needs as well as with meals and their social care needs. They also had additional tasks such as washing pots after meals, cleaning and laundry. Relatives confirmed that they had noticed a lack of staff presence on the first floor. One relative told us, "There is only one member of staff upstairs and often I can't find them. I have come before to take [person who used the service] out and had to wait a good ten minutes before the carer appeared." Staff told us that they could call downstairs by using the call bell for support if needed, however we observed periods of time when no staff were available to support people on this floor. For example when the member of staff, working on the first floor came downstairs to collect the teatime meal. Staff confirmed that when a person on the first floor needed help with their personal care needs other people were left unattended. This was seen during lunch time when one person required support with their personal care needs, leaving other people waiting for their desserts to be served.

This is a breach of Regulation 18 (1) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

We looked at the medicine administration records for people and saw that staff had signed to say when people's medicine had been administered. However when people refused medicine, no management plan was in place to guide staff on how to manage this. For example one person was prescribed a controlled drug on a regular basis for pain relief. Controlled drugs are prescribed medicines used to

Requires improvement

Is the service safe?

treat severe pain and are controlled under the Misuse of Drugs Act 1971 and related regulations. We saw that this person had refused to take this medicine on two consecutive occasions, which meant that they had not received this pain relief for over 12 hours. Staff were unable to say if this person was in any pain as the person lacked the capacity to confirm this. Staff did not have guidance to ensure this person's pain relief was managed. We discussed this with the manager who agreed a management plan should be in place for staff to follow. This would ensure staff sought professional guidance when needed, so that people's needs in relation to medicines were met.

There were no protocols for 'as required' medicines (PRN). Protocols give clear information on the signs and symptoms someone might show when they required PRN medicine and when to give this medicine. This meant staff did not have guidance to ensure as required medicines were given when needed.

This is a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

We saw that medicines were kept securely in a locked cupboard to ensure they were not accessible to unauthorised people. People told us that they received their medicines on time. One person told us, "The staff give me my medicine when I need it." We observed staff administer medicine and saw that staff spent time with people while they administered their medicines.

We looked at the recruitment records for two staff. We saw that both had disclosure and barring service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. However in one person's files not all of the necessary recruitment checks had been followed. One person's recruitment record had a gap in their employment history of 12 years with no record to explain the reason for that gap. There was no reference from this person's last employer or any reason given as to why this had not been requested. This meant the provider could not be assured that the staff they employed were suitable to work with the people, as the recruitment checks undertaken were not thorough.

People told us they were comfortable with the staff team and felt safe at the home. One person told us, "The fact that everybody is watched and taken care of makes me feel safe." Another person said, "I feel safe. I've been happy since the day I came here." People's visitors told us they felt their relatives were safe at the home. One visitor said, "They're (staff) very good and they're very nice girls. I think people are safe with them."

Staff confirmed they attended safeguarding training and learnt about the whistleblowing policy. This is a policy to protect staff if they have information of concern. Records showed staff had undertaken training to support their knowledge and understanding of how to keep people safe. Staff we spoke with were aware of the signs to look out for that might mean a person was at risk and told us they would report concerns to the manager. However they did not know that if needed, they could report concerns externally to the local authority safeguarding team who are the lead investigators for safeguarding investigations. This meant we could not be assured that concerns would be reported externally by staff when needed, to ensure people were kept safe.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided information about the level of support a person would need to be evacuated from the home in an emergency. The information recorded was specific to each person's individual needs to ensure staff knew how to evacuate people safely. Staff we spoke with were aware of the emergency evacuation plans and the support people needed.

Requires improvement

Is the service effective?

Our findings

Staff received training in the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) on an annual basis. The MCA sets out the actions that must be taken to protect people's rights. It provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. We saw that capacity assessments were in place where needed and staff understood the need to assess people's capacity to make decisions. We observed staff asking people if they were happy to receive care. At the time of our inspection there were two DoLS applications in place, however most of the staff we spoke with had limited understanding of DoLS. For example one member of staff said, "I don't really know what DoLS are but I've heard of it." Another member of staff said. "I don't know what that means." This meant we could not be assured that staff understood or followed the restrictions that had been legally agreed for two people to keep them safe.

People told us the staff had the skills to meet their needs. One person said, "They have a very good command of most things. If they don't know, they know who to go to and get it done quick enough. Yes, they're very good." We saw that staff were provided with training to support them in meeting people's needs and staff spoken with confirmed this. One member of staff said, "There is lots of training, I recently did moving and handling and next week I am doing first aid." Another member of staff said, "I am now trained to administer medicines, after the training I had to watch more experienced staff giving medicines and recording them before I was allowed to do it. At first I had someone with me to check I was doing it right." This showed us that staff competency was checked following medicines training. However as stated above staff's understanding in some areas of training such as DoLS had not been checked to ensure people's specific needs were understood by the staff supporting them.

People told us they liked the food. One person said, "The meals are always nice." Another person told us, "The food is nice and you get plenty. Sometimes I have to leave some because I'm getting full." People confirmed there was sufficient choice and variety to meet their preferences. One person told us, "There are plenty of salads because they know I love salad." Another person said, "The food here is very good and plenty of variety. I must say I haven't had anything that I haven't liked but I'm sure the cook would make something else for you if you asked. They are all so friendly." We spoke with the cook who confirmed that they had information in the kitchen regarding people's preferences and dietary requirements. The care plans we looked at included an assessment of the person's nutritional requirements and their preferences. We saw that people's dietary needs were met and that specific diets were followed in accordance with people's care plans. We saw and people told us that drinks were provided on a regular basis throughout the day to ensure people were supported to maintain good hydration. One person said, "There's plenty of drinks and you can ask at any time for a drink, the staff are very obliging." This showed us that people were given sufficient to eat and drink and supported to follow a diet that met their needs and preferences.

We saw that people's health care needs were monitored and met as referrals were made to the appropriate health care professionals when needed. For example, we saw that people were supported by specialist health care professionals such as community psychiatric nurses when needed and GPs were contacted when required. One person's visitor told us, "If anything's wrong they would call the doctor, which they did do a fortnight ago, the doctor gave them a thorough check and said they were okay. They look after [person who used the service] if there is anything wrong." People's nutritional needs were monitored along with their weights to ensure any weight loss or gain was detected and action taken to address this. For example one person was being supported to lose weight. We saw that staff encouraged them to eat healthy meals and they confirmed they were happy to do this.

Good

Is the service caring?

Our findings

People told us that they liked the staff and said that they were caring. One person said," The girls are lovely, very kind and always seem pleased to see me." Another person told us, "Very caring and very kind. I've no fault at all to find with them. They've never been too quick or too impatient." One person's visitor said "It's the way the staff speak. The other day [person who used the service] wanted to go to the toilet. I went with them but the member of staff insisted on coming with me and said, "'No, I'll see to it. It's my job and I love doing it." We observed the interactions between the staff and people were respectful and friendly. Staff were seen spending time chatting with people and checking if there was anything they needed. This showed us that people were treated with kindness and compassion in their day to day care.

Staff offered people choice about their daily routine, for example we saw that staff asked people what they wanted to eat and where they preferred to take their meals. Staff demonstrated patience when supporting people to enable people to go at a pace that was comfortable for them. For example when supporting people in deciding where they wanted to take their meals, we saw one person changed their mind three times about where they wanted to eat their lunch. Staff supported them in a caring and patient way which ensured the person did not feel rushed and enabled them to make an independent choice.

We saw that staff supported people to maintain their independence, by encouraging them to do what they could for themselves and people confirmed this. One person told us, ""The staff let us do what we can for ourselves." Another person said, "I get myself up and ready in the morning."

People and their relatives told us they were consulted in the development and reviews of their care plans. Information in people's care plans confirmed this. We saw information regarding independent advocates was available in the entrance hall of the home. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives. Although nobody was using the services of an advocate at the time of our visit, the manager ensured people had this information available to them.

People told us the staff respected their dignity and privacy and our observations confirmed this. We saw that staff assisted people discreetly when supporting them with their personal care needs. People were able to spend time in their bedrooms if they wished to and we saw that people's bedroom doors were closed to provide them with privacy when in their room. Visitors told us they were made welcome by staff and confirmed they could visit their relatives in private if they preferred to. One visitor told us, "If we want privacy when we visit we can go into the bedroom."

People told us they were able to choose the gender of staff that supported them with their personal care needs. People confirmed they could get up and go to bed at times that suited them. This demonstrated that people's preferences were taken into consideration and respected.

Requires improvement

Is the service responsive?

Our findings

Staff had most of the relevant information required to know how to support people according to their needs. However as stated earlier in this report, not all information was available to ensure people were supported in a way that met their needs and reduced risks to their safety and wellbeing. We saw that improvements were also needed to ensure people's social and therapeutic needs were met in an individualised way. Although events were organised and external entertainment was provided, there was no one employed to provide social and recreational stimulation to people on a daily basis. This impacted on people's well-being, as most people were reliant on care staff to support them in this area. We saw that each person had information recorded about their interests and hobbies but staff had limited time to provide people with activities that were meaningful to them. This meant that people's social needs were not promoted to enable them to maintain their interests. There was a timetable of activities on the wall but during our inspection we saw no evidence of activities being provided by staff. One visitor told us, "Here it says activities and exercise but I don't see any, only on a Wednesday afternoon when they have music." Some people confirmed their social needs and interests were not met. One person said, "No I don't think my social needs are met particularly." Another person said, "I don't know of any activities." One person told us they didn't have hobbies any more. This demonstrated that people were not supported to maintain their interests or develop new ones.

The manager told us and people confirmed that the local clergy regularly visited the home and provided a service to meet people's pastoral care needs and people we spoke with confirmed this.

People confirmed they enjoyed the external entertainers provided. One person said, "Yes, we do have a musician, we do have entertainment." Another person told us, "There's a group that usually come round. There's one chap and he's like country and western." Another person told us they had enjoyed seeing the dog that had visited earlier that day and told us, "I really enjoyed that, I love dogs."

We saw that people were supported to follow their preferred routine and maintain relationships with family and friends. Some people liked to spend the majority of the day in their bedroom and this was respected by staff. We saw staff checked on people on a regular basis when they stayed in their room to ensure they were safe. We saw call bells were available to ensure people could call for help or assistance and these were responded to in a timely way. Staff had a good understanding of people's likes and dislikes and how they preferred to spend their time. For example they confirmed that one person spent very little time sitting down or engaging in conversation. They told us another person liked knitting and another person liked to stay in their room watching television and were able to tell us this person's favourite programmes. This showed us that staff had the knowledge to enable people to spend time as they preferred.

We saw the providers complaints policy was accessible to people as information on making a complaint was available within the home. People we spoke with told us they felt comfortable speaking to the manager or staff about any concerns or complaints. One person said, "Well, I've never had occasion. If I did, I wouldn't hesitate with the staff because they're considerate. I'm sure they would act on concerns." One person's visitor said, "I haven't made a complaint but I know that [person who used the service] relatives have in the past and they've been seen to straight away." This demonstrated that people's concerns were listened to and addressed. No complaints had been recorded on the provider's complaint system. The manager advised us that no formal complaints had been raised and concerns, such as missing items of clothing had been addressed. The manager agreed that concerns would in future be recorded to demonstrate that any concerns raised were acted upon

Requires improvement

Is the service well-led?

Our findings

The provider's legal responsibilities had not been met regarding statutory notifications that are required in accordance with the regulations. We identified that the provider had not notified us when referrals were made to the supervisory body for authority to deprive a person of their liberty and the outcome of referrals. The provider had not informed us of an incident that resulted in a safeguarding investigation being undertaken by the local authority.

This is a breach of Regulation 18 (2) and 18 (4A) and (4B) of the Care Quality Commission (Registration) Regulations 2009

The tasks care staff completed impacted on the time they had to support people's individual needs. For example on the first floor where only one member of the care team was on duty, they also had the job of cleaning. Staff told us, "I don't know why but the cleaner doesn't come up here. They used to but now we do the cleaning." The manager confirmed that this was correct but was unable to provide a reason for this. The staff member on duty on the first floor was also responsible for washing dishes after meals, this was because the dishwasher had broken and not been replaced. Staff working on both floors were also responsible for laundering people's clothes and bedding. All of these additional tasks meant that time care staff had to support people's holistic needs was reduced. This demonstrated that the provider had not identified or taken action to reduce the impact these additional tasks had on the support people received from the care team.

The manager told us that quality audits had not been undertaken on a regular basis because they had been covering care shifts. Following the inspection the provider sent us evidence to show that some audits had been undertaken over recent months and actions taken as required. For example audits for falls , care plans and health and safety had been completed. The provider confirmed that a system for monitoring accidents and incidents needed to be put in place.This would enable the provider to monitor people effectively, so that actions could be taken when needed to support people and maintain their safety.

Where areas for improvements had been identified by external bodies we saw actions had been taken. For example an environmental health inspection earlier in the year had identified areas for improvement and we saw that actions had been taken to address this. This resulted in a marked improvement and rating being provided when the environment health officer re inspected. This meant that people received meals from a kitchen that was maintained to a satisfactory standard.

The provider conducted an audit of care plans every month and we saw that actions were left for staff to complete and these were undertaken.

There has been no was no registered manager in post since March 2014. The manager told us they were in the process of registering with us. People's visitors told us that they liked the manager and found her approachable. One visitor said, "She is approachable and helpful and visible, often working with the carers and if not, in her office." This showed us that people found the manager accessible. The manager told us, "The previous manager had their office upstairs, which meant it wasn't easy for visitors to come and speak to them. I wanted to be accessible so the office moved to downstairs, so people can see me when they arrive." During the day we saw visitors coming to speak to the manager which demonstrated they made themselves available to people.

Staff confirmed that team meetings were provided regularly to keep them up to date with any changes in the home. We saw that the manager had discussed staff's roles and responsibilities at the last meeting and areas of improvements within the home that were needed.

The manager had been covering shifts, due to staff leaving and staff on long term leave and this had impacted on formal staff supervision. The manager confirmed that covering shifts had impacted on time spent for managerial tasks and told us, "I need to catch up on managers' jobs, like staff supervision which I can do now we have recruited more staff." Staff told us that the manager had worked alongside them on a regular basis and told us they felt supported by the manager. One member of staff told us, "She is a good manager, I can't fault her. I have always had her support when I needed it." The manager told us, "Because I've been working shifts, I have spent time observing practice, so staff are being monitored in that way. The manager confirmed that their intention was to work one shift each week and told us, "I think it's a good way to observe staff's practice and maintain my relationship with the residents."

Requires improvement

Is the service well-led?

The quality assurance systems in place included seeking and acting upon feedback from people and their relatives. We saw that people's views were sought. For example people were asked for their views on the meals provided. The results showed that people were happy with the choices of meals and snacks available, presentation and quality of meals provided and overall dining experience.

Meetings were also held for people and their relatives to give their views and these were provided on a regular basis. One person told us, "Yes. That's the one they have every month." Another person said, "Yes they have meetings, I go along every month." This showed us that people's views were sought to enable them to give their opinion on the quality of services provided.

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 Plans were not always in place to manage individual risks to people, to ensure their safety was maintained. Management plans were not in place to ensure people received consistent support that maintained their safety and the safety of others. Regulation 12 (1) (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not adequately assessed environmental risks to ensure risks were minimised and people's safety was maintained. Regulation 12 (1) (2) (d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Guidance was not in place to ensure people's needs in relation to medicines were met. Regulation 12 (1) (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The provider's legal responsibilities had not been met regarding statutory notifications that are required in accordance with the regulations. Regulation 18 (2) and 18 (4A) and (4B)