Bupa Care Homes (CFC Homes) Limited

Tadworth Grove Residential and Nursing 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?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection that took place on the 14th July 2014. At our last inspection in February 2014 we found the service had met the requirements of the regulations.

Tadworth Grove Residential and Nursing Home provides residential and nursing care for a maximum of 71 people, some of whom are living with dementia. They also

Summary of findings

provide a convalescence, respite and palliative care service. Tadworth Grove is made up of two units, Pine Lodge and Willow House. At the time of our visit there were 50 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We identified an issue at the home that could affect people's human rights and safety. People had their freedom restricted due to the use of keypads on doors to stop them going outside without staff support. While the home had completed the necessary paperwork for the people that needed this, they had not taken into account the impact it had on other people's freedom.

Other areas that required improvement were around the placement of call bell ropes which could make them hard for people to reach in an emergency. The dim lighting in some main corridors could also cause difficulty for people with poor vision, or mobility difficulties.

Activities were on offer during the week but not at the weekend. Not everyone was interested in the activities that were on offer. One person told us, "More entertainment is needed, particularly for those who remain in their rooms." The registered manager was responding to people's feedback and was looking into options for providing activities for people at the weekends.

Staff received on-going training to give them the skills to meet people's individual needs. We noted that some staff were behind on their training. The registered manager had already identified the issue and a plan was in place to get them up to date with their training.

People were positive about the service. When asked what the service did well people gave us examples such as, "Carers here are very nice, very kind." A relative told us, "My family member's quality of life is far superior here than they could have at home."

When asked if the service could improve we had a mixed response. Some people were very happy with the service, while others thought improvements were needed. One person said, "There are times when you wait ages for tea, or if I want to go to the toilet." People felt there needed to be more staff. The registered manager was aware of the issue, which was down to staff sickness and action was being taken to address this. During our visit we did not see any instances where people's care needs had not been met due to numbers of staff.

People were complimentary about the standard of food provided by the service. People received a nutritionally balanced choice of food, and on the day of our visit we observed that lunch was relaxed and unhurried.

Care staff were kind to people. The staff knew who people were as individuals and their care needs. These care needs were consistently met.

The registered manager had a good understanding of the issues the home was facing; primarily ensuring staff sickness was effectively covered so people received consistent care. They had a number of plans in place that they were working on with the provider to improve the service.

When we asked people what they thought about the standard of care provided by the service, generally the response was positive. Comments such as, "Good" or, "Excellent" were used, others felt that the service, "Was improving, but there was still some work to do". The comments about a need for improvement matched with what we found.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of 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 safe. The service had not met legal requirements with regard to people whose liberty may be being deprived.

Some areas of the home needed to be improved such as ensuring emergency call bells could be reached by people, and lighting in main corridors.

There were enough staff to meet people's needs during our visit. However we were made aware that staff sickness did have an effect on some people's care. People had to wait longer for support, and staff had to rush to meet people's needs. This usually happened at the weekends. The registered manager was aware of the issue and was taking action.

People felt safe within the home.

Is the service effective?

Good

The service was effective; Most staff received regular training to enable them to keep up to date with current best practice in supporting people. There were some staff who were out of date on their refresher training. The registered manager had already identified the issue and was taking action to address the issue.

People received healthy and nutritious meals, along with appropriate support form staff. Where special dietary needs had been identified, these were met.

People received regular checks by staff and external health care professionals to make sure they were healthy and happy.

Is the service caring?

Requires Improvement

The service was not always caring. People were not always treated with dignity and respect. Staff practice for hoisting people in public spaces could have an impact on people's dignity.

Feedback from people and relatives was generally positive about the home and the staff. Staff had an understanding of who people were as individuals which enabled them to provide good care to people.

Care plans were detailed and people had been involved in making them. These gave a good level of detail for staff to be able to support people.

Is the service responsive?

Requires Improvement

The service was not always responsive. We identified some areas where they could improve. Activities were available during week days, but they did not suit the interests of all the people. People that may have benefited from one to one interaction did not receive it on the day we inspected

People felt the service responded well to their needs.

Summary of findings

Information about how to make a complaint was readily available. Where complaints had been made the manager took appropriate action to investigate.

Is the service well-led?

Good

The service was well led. Due to technical difficulties the registered manager was unable to complete the Provider Information Return (PIR).

People had the opportunity to feedback to the manager about any issues they may have.

Staff understood their roles and that they had a duty to report bad practice. Where this had been done the provider carried out a detailed investigation.

People and staff felt the manager led the service well. She was approachable and listened to people's concerns.

The service carried out a number of quality assurance checks to ensure the service was meeting the needs of people.

Tadworth Grove Residential and Nursing Home

Detailed findings

Background to this inspection

The inspection team consisted of three inspectors and an expert by experience, who had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We spoke with eight people who used the service and six visitors. We also observed the care and support being provided to a further 14 people. We spoke with ten staff which included the registered manager.

We observed care and support in communal areas and looked around the home. We also looked at a range of records about people's care and how the home was managed. We looked at seven care plans, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed.

Before our inspection, we reviewed the information we held about the home and contacted the local social service safeguarding team and quality assurance team to obtain their views of the service. We reviewed the previous inspection reports before the inspection. This enabled us to ensure we were addressing potential areas of concern. We were unable to review a Provider Information Return (PIR) as the registered manager had technical difficulties that meant they had not completed it before we visited.

To find out about people's experiences at the home our team talked with the people, relatives and other visitors. We observed how staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

People told us that generally there were enough staff to meet their needs, but at times they did have to wait for care and support. A relative told us, "There are enough staff during the week. You have to wait a little longer over the weekend. We don't have to wait too long if they aren't dealing with someone else." The majority of care staff we spoke with also felt that there were enough staff to meet people's needs. One told us, "Weekends can be a problem because staff telephone in sick at short notice. We are able to cope and meet the peoples' needs when this happens. Staffing has recently improved." Another told us, "I believe we have enough staff on duty to meet people's needs. We could do with an extra member of staff sometimes for the high dependency unit to help with baths at times."

The registered manager felt they had enough staff to meet people's needs. They explained that they do have periods were staff go off sick, so they have to call in agency staff to cover. They were aware of the issue with covering sickness and had a recruitment day planned to try to employ more staff. They were also in the process of reviewing how staff were engaged around the home and if there were ways where demands on staff could be reduced, for example by introducing two sittings for the main meals. This would enable staff to offer a better service to people as they would not be trying to support everyone all at once. People who use the service and relatives were being involved in this decision.

The provider had a set ratio of staff hours to match the number of people in the home. The staff records we looked at showed that Tadworth Grove was supplying more hours of care for both nurses and care workers than prescribed by the provider. The manager explained that this was being done as she had reviewed the needs of the people that live here, and felt more staff were needed than that recommended. The staffing rotas that we looked at showed that this increased level of staffing had been in place.

The registered manager had also taken action to try and address staff sickness, for example she came into the home on alternate weekends to check on staffing levels, and telephoned sick staff to check how they are. During our visit we did not see any instances where people's care needs had not been met due to numbers of staff. The feedback we received from people who lived here, and their relatives showed that some improvement was still needed with regards to staffing, particularly at the weekends.

We noted that areas of the home could be improved to increase the safety of people. Some alarm cords were difficult to reach for someone on the floor or in a wheelchair. For example, in Willow House, one ground floor toilet alarm cord was a metre from floor level. We also saw that the lighting in some main corridors was poor, which could have an impact for people who have poor vision, or mobility issues.

People told us they felt safe living at Tadworth Grove. One person said "I feel safe and if I was concerned about something, I would tell a member of staff or a visitor." This sentiment was echoed by all the people we spoke with. Staff had a good understanding of their roles and responsibilities with regards to protecting people from abuse. They were able to tell us about the signs of abuse and that they would report all suspicions or actual abuse to the manager. They were also aware that the local social services safeguarding team would need to be told of the alleged abuse. Information on identifying abuse and the action to take was also freely available for people to look at. Posters were on display in kitchenettes around the home.

People were safe as the service had looked at the risks to people. For example, the risk of going outside on their own and getting lost or hurt. The staff had looked at whether people were able to understand the dangers and then recorded the outcome as a best interest's decision. Staff had completed applications to the local authority for two people to keep them safe by restricting their access to going outside. However staff had not taken into account the restriction that this placed on others who lived at the home. Some staff did not have a clear understanding of what the Deprivation of Liberty Safeguards (DoLS) were about. These are regulations that have to be followed to ensure that people who cannot make decisions for themselves are protected, and that people are not having their freedom restricted or deprived. One member of staff said, "We have key pads on the door but we do not restrict their freedom as we go out with them." They did not realise

Requires Improvement

Is the service safe?

that this was also a restriction on people's freedom. This was a breach in Regulation 18(1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were involved in making decisions about any risks they may take. One person said, "They always give me a choice." Staff were able to describe the actions that were taken to keep people safe. They talked about the use of bedrails to stop people falling out of bed, or ensuring that safety belts were used in wheelchairs if a need had been identified. This information was clearly recorded in the care plans we looked at, along with risk assessments that showed the decision making process that had identified the support needed. The person had been involved in the assessments, as well as family members if the person requested it.

When several residents were in one space, a staff member kept a constant unobtrusive watch to ensure people were safe. On one occasion when a person appeared to be missing, the staff member knew exactly the place to look and found them quickly.

The home had a clear plan in place for dealing with emergencies. This would minimise the impact these events had on the people that lived here. Emergencies covered included fire, accidents and issues that would stop the building being used.

Good

Is the service effective?

Our findings

Staff told us that they had received a lot of training to enable them to support people. However some staff had requested training that had not yet been given. Two staff identified that they were out of date on their first aid training, and had requested it, but this had not yet been done. The training chart showed that a number of staff had not yet had refresher training in line with the companies policies. For example fire safety awareness, safeguarding, infection control and moving and handling. We raised this with the registered manager who explained they had monthly meetings with the trainer and were working together to get staff on the training. Staff training records showed that other staff were available on each floor that did have the training, so the risk to people was minimised. This showed that manager had identified the training issue and had a plan in place to correct it. They had also taken into account the needs of people while the plan was put into place.

Staff had support to meet people's needs. One staff member said, "I feel supported by the manager. If we ask for any equipment then this is provided. I had an appraisal in January 2014. We discussed my job role, and training needs. I have done all my mandatory training as required." Most staff had regular one to one meetings with their line manager every six weeks of so. Some staff had not had this meeting due to a staff member leaving. The registered manager was aware of the issue and had a plan in place to take on the meetings that had been missed.

Induction training was completed for new staff. This included all the essential training, such as safeguarding, health and safety and the reading of policies and procedures. This ensured new staff understood their duties and how to effectively support people that lived at the home.

People were very complimentary about the support they received with food and drink at Tadworth Grove. One person said, "Staff come around and let me know what is on offer. The chefs are very good. I don't need support with eating but they will cut it up for me if I ask. I have enough to eat and drink." A relative told us, "The food is good. My family member will have things pureed. I went down to the lady in the kitchen and asked if they could provide macaroni cheese as she likes that, which they did. They know her requirements." People also had equipment so they could be independent when they drank. For example one relative said, "My family member has a cup with two handles, this enables them to get a better grip on the cup and drink without assistance."

Over lunch for people living with dementia we saw staff give constant reminders to eat, encouragement and repetition to ensure that people could understand and make choices about what they ate and how much. People who were in bed received their meals at the same time as everyone else. Staff gave them a choice and then delivered the meal that had been requested. The meals for people in bed were prepared from a heated trolley. People could then choose what they wanted on their plate, rather than it being pre-made in the kitchen.

People had nutritionally balanced meals. The chef explained how they calculated the nutritional value of each meal on the menu to make sure it provided the recommended daily amounts of calories and was balanced with respect to the different food types, such as fat, protein and carbohydrates. Where people had special dietary needs these had been identified and the information was passed to the kitchen. This ensured people received the type of food, in the correct format they needed, to keep them healthy.

Where an issue was identified around someone's eating or drinking the staff took appropriate action. Staff were able to identify the signs that someone may not be eating or drinking enough and how they would respond. One said, "If they are not eating or drinking we would commence a weekly diary and weekly weights. We would also use food and fluid charts to monitor them." They went on to explain that if the person scored high on a tool used to identify a person at risk of poor nutrition or hydration they would, "Contact the GP who would make a referral to the dietician."

People told us they felt they were supported to keep healthy. One person told us, "Staff conduct regular checks on me." Another said, "If I needed a doctor I would ask the staff or my relative." A relative said, "Yes, staff monitors both my relatives. Staff will also inform us of any changes." The went on to describe how their family member was having a particular difficulty and how the staff had referred them to the appropriate health care professional for treatment.

Staff described how they ensured people had access to healthcare services. One told us, "We would always consult

Good

Is the service effective?

the GP when we notice a change to a person's health care. All have access to the dentist, optician, chiropody, audiology and palliative care." Another told us, "If health care needs change we would write a new care plan or update the care plan to reflect their changing needs. We would telephone their families to advise them of any changes to the persons' needs. We constantly document any changes to health care. We always seek advice from the GP."

When we looked through care plans we saw that where people's needs changed they had been referred to outside specialists. For example a person was having difficulty swallowing so they were referred to a Speech and Language Therapist. We saw that the feedback from the therapist had been recorded in the care plan. This gave clear guidance to staff on how the person's care needs had changed and what they need to do to support them.

Requires Improvement

Is the service caring?

Our findings

People felt their privacy and dignity were respected. One person told us, "They always knock on the door and wait for me to answer. They also cover me when they are helping me to get dressed or other personal things." A relative told us, "Staff are conscientious and very caring."

People felt staff treated them with dignity and respect. One person said, "The carers are very caring, they knock on my door and wait until I say come in. I need assistance with the commode and getting dressed, they always cover me." During our observations staff were seen to take time when supporting people and explained what they were doing. They also asked if the person was happy with this. We heard staff call people by particular names. When we looked in people's care plans we saw that this was their preferred name.

We found that people's dignity was not always maintained. While staff had an understanding of privacy and dignity, and people felt they were respected by staff we saw staff hoisting individuals in public areas such as the busy lounge. This meant people's dignity could be compromised. Staff did ensure people were covered, and kept the transfer from chair to wheelchair as brief as possible but this was done in full view of everyone.

People told us the home was a caring place to live. One said, "I know all the staff and they know me. Staff are very caring, very respectful; no-one is rude or disrespectful." A relative told us, "In general staff are very good, my family member is well liked here. The care staff are very good." Our observations over the course of the day showed that staff treated people with kindness and compassion. They responded to people's needs quickly.

All the staff we spoke with were able to tell us about the people they supported. One told us, "We always read the care plans; we use the key worker system here." This is where a member of staff is identified as that person's main member of staff that will support them. They went onto say, "We know their preferences." Staff were able to tell us about people's dietary needs, and other information such as religious beliefs and how they were supported to practice them. They were also able to tell us about the histories of people. They had a real understanding of who people were as individuals.

Care plans had detailed information about people, and what staff needed to do to support them. The plans gave a good level of detail about each individual so that staff would know who the person was, their interests and family history, as well as medical and support requirements. Daily records of the care given matched with what was in the care plans.

People told us they were involved in making decisions about their care. One said, "They did an assessment at the beginning and they always ask me if anything has changed." A relative told us, "I do provide them with instructions about her care." Staff told us how care plans were reviewed with the individual and their families (where appropriate). One staff member said, "All staff talk to the people they key work every month and discuss their care plans with them. Relatives are encouraged to read the care plans and to attend reviews. We respect people's choices and decisions." Another told us, "All residents are assessed before they are admitted by the manager at their previous placements. The resident and their relatives are involved in the assessment and care plans. We have monthly reviews that relatives are also included in if they wished to be."

Relatives and friends were able to visit when they wanted. They could have privacy by spending time in the person's bedroom, or choose to sit in the communal areas available around the home. Staff had a good understanding of respecting people's privacy. One said, "We had training in relation to confidentiality." Another told us, "All personal records are kept secure in a cupboard in the locked office on each floor. We maintain people's confidentiality by not discussing their needs in front of any other person."

People were encouraged to maintain their independence. Staff gave us examples of how they did this. One said, "We encourage people to do as much as they are able to for themselves. For example, one person can be sleepy at lunch time but we encourage them to feed themselves, staff stay with the person just in case they require support." Another example given was, "We ask for their preferences. We ask them what they want to do for themselves. Some will let us do everything for them but we encourage them to do as much as they can themselves."

Requires Improvement

Is the service responsive?

Our findings

One of the main comments from people was that there was little to do that interested them. A relative told us, "There is a man that comes into each room and sings to people which is wonderful on a Wednesday. It is difficult to get my family member and other residents downstairs which are where most of the activities take place." Activities for people were on offer for most days, however they were not personalised to the interests of people that lived at the home. Two activity workers, divided themselves between two buildings, one accommodating people living with dementia. We did not see people get quality one-to-one support during our visit. Activities consisted of two main options, music and exercise. When exercises to music took place only two or three people joined in out of about ten that were in the room. There was no offer to move and do something else if exercise was not an activity in which people wanted to participate. Other activities such as bowling did have more participation from people. A relative said, "There are activities in the morning and afternoons but not at the weekends." The registered manager said they were aware of the issue about activities over the weekends and were looking at options to improve this situation.

People told us that they received care and support that met their needs; however some people felt they sometimes had to wait for call bells to be answered. The registered manager showed us how they monitored the call bell response times in response to these comments. This was done on a random check and any long waits were investigated. The average call response time was between 2 to 5 minutes. The manager was monitoring the speed of response to ensure peoples needs were met.

People had their needs assessed prior to moving into the home. These needs were then reviewed regularly with the person, or their relatives, to ensure the service was still meeting their needs. Care plans had daily records of the care given to people. These included things such as a record of the fluids drunk by people identified at risk from dehydration. Records showed that staff had recorded each time fluids had been given over the course of the day. Staff had also signed each entry so people would know who had given the drinks or meal. Care plans showed that people or their relatives had been involved in making choices about the care received.

Where people may have lacked the capacity to understand decisions about their care or support the staff completed mental capacity assessments. These were done to see if a person could understand a particular decision that may need to be made. If they could not then staff recorded if a decision had been made in the persons best interest.

When people's needs changed they received support from appropriate health care professionals. Care plans recorded the involvement of people such as continence nurses, GP's, and speech and language therapists. Advice and guidance from these professionals was included in the care plans. Staff were able to describe to us who had received visits from these professionals and what their advice was. When we looked at the care plans we saw the information recorded matched with what staff had told us.

Information was given to people in a way they could understand. We saw a sign in the lounge which told the residents the date, day, weather and season, the season was denoted by a picture. This enabled people to be kept updated about the day and time of the year, just in case they had trouble recalling the information.

People knew how to make a complaint if they were unhappy about something. One person said, "I would go downstairs and speak to the manager and say what I needed to say." A relative said, "The manager is approachable." Information about how to make a complaint was available in the reception area, along with complaint forms that could be filled in. The information detailed the time the service should respond in, and other agencies that people could contact if they were unhappy with the services response. These included contact information for the Local Government Ombudsman and the Care Quality Commission. People said that response times to their complaints were variable, but they were overall happy with the manager's reply.

Records of complaints were kept and regularly reviewed by the manager and the provider to ensure they were being addressed. Delays in responses that went over the organisations response time were identified and the reason for the delay was recorded. Staff were aware of complaints that had been made. One told us, "All complaints are discussed with us in the staff meetings and we try to see what lessons could be learned from them." Staff knew that if someone made a complaint they had to report it to the manager or person in charge so that the matter could be dealt with.

Good

Is the service well-led?

Our findings

People and their relatives knew who the registered manager was and found her approachable. One person said, "She is always around. She is always available if you need to speak to her." A relative said, "I do (know who she is) and she knows me."

People and relatives were encouraged to give feedback about the service in meetings. These had just been introduced by the registered manager. These gave the opportunity for people to discuss any issues they may have and get a direct response from the staff. The registered manager was also able to get people's opinion on decisions that were being considered by the home, for example having two sittings at lunch, and building maintenance priorities.

As part of the new way of the inspection the provider is required to complete a Provider Information Return (PIR) and send this to the Care Quality Commission. This would enable us to review information about the service and plan our inspection. The registered manager explained that they had had technical difficulties with the PIR.

Staff understood their responsibility to promote good working practices and knew they had to report any areas of bad practice that they saw. One said, "I would take any concerns to the manager who would then deal with them. If the concern was about the manager I would go to BUPA's head office. I would follow the whistle blowing policy to report bad practice." Records showed that where whistle blowing concerns had been raised the organisation had responded appropriately and carried out a thorough investigation.

Staff were clear about the values of the home. One told us, "It's to provide good quality care, a safe environment and respect people's privacy and dignity at all times. We have to care for the individual needs and make sure they are met at all times. We have to give a first class service to everyone. There is a list of the values by the lift and in the staff handbook." These sentiments were expressed by all the staff we spoke with. When we observed staff over the course of the day we saw they worked in a way that met the organisations documented values.

Staff we spoke with told us the service was well led. One said, "Yes I believe that this home is well led by the manager. The manager addresses everything that is reported to her. She is a very good listener. She has an open door policy and any member of staff can approach her. We have a senior meeting with the manager every two weeks." Meetings took place with staff each week at all levels within the service. These gave staff the opportunity to talk about any changes in people's health needs, or any concerns they may have about the service.

Staff had a clear line of responsibility. Staff understood what they should be doing and who they needed to report to.

Staff told us about what they thought the key challenges were at the home. This was mainly to do with staffing when people went sick. The registered manager also identified this as the key challenge that they were facing. This showed they had an understanding of staff and people's concerns about the home. They had a plan in place to deal with the issues raised, for example carrying out spot checks at weekends, contacting sick staff, and planning a recruitment day.

The home had achieved the Investors in People award. This is a national award that is given to services that show good support, development, leadership and management of staff.

Team leaders and managers within the home were able to describe how they ensured the service delivered high quality care. One told us, "The service users are our priority, this is their home. We monitor staff to ensure they are carrying out their duties correctly and are meeting the needs of the people. All staff have supervisions and annual appraisals. We (Team Leaders) are monitored by the manager who would come to check on us unannounced."

The staff carried out audits to ensure people were receiving appropriate care. For example care plans, medication administration records, medicines, pressure sore management were all regularly reviewed. Other areas checked and recorded by staff were that weekly weights, infection control checks and nutrition reviews were all being completed correctly. Accidents and incidents were recorded and investigated by the staff. Records showed action had been taken to reduce the risk of them happening again.

Meetings took place where senior managers and senior staff attended staff meetings to discuss issues. For example staffing, and issues arising from resident meetings. One staff member said, "They talk to us about the way they

Good

Is the service well-led?

want BUPA to move forward." These meetings were used to discuss areas for improvement and where things were going well so staff could learn and improve the service for the people that live here.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment There were not suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. People were being deprived of their liberty and appropriate applications had not been made. Regulation 18(1) (b)