Derby House Nursing Home Limited

Derby House 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?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We undertook this inspection on 2 and 18 November 2015. The first visit was unannounced.

Derby House Nursing provides care and support for people, many of whom are living with dementia. The home is registered to accommodate 31 people; at the time of our inspection 21 people were living there.

Accommodation was provided over three floors and there was a lift installed. The Victorian building overlooks a park and has a mixture of large and small rooms. Some rooms had ensuite toilets. There were communal toilets and bathrooms.

At the time of our inspection there was a registered manager in place. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service was run.

At our previous inspection on 16 and 23 September 2014 we found that the provider did not have effective processes in place to ensure the care and welfare of people who were admitted to the home in an emergency.

Summary of findings

The provider had not taken reasonable steps to record and report instances of suspected abuse. Also, there were not effective processes in place to monitor the standard of cleaning of the premises and equipment nor were people protected from the risks associated with the unsafe management of medicines. In addition, appropriate arrangements were not in place to assess the skill mix of staff required to provide appropriate care for people.

These were respective breaches of Regulations 9, 11, 12, 13 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider told us what action they were going to take to rectify the breaches and at this inspection we found that improvements had been made with regard to Regulations 9, 11 and 13.

At this inspection we found people were not cared for in a way that met their needs and reflected their preferences. Also the requirements of the Mental Capacity Act 2005 had not been followed. These were breaches of Regulation 9 and Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

People told us they felt safe and were protected from the risk of abuse or avoidable harm. However, we found that the auditing of medicines was inadequate and there was not a safe handover from one nursing shift to the next. There were not safe practices around cleanliness and cross contamination as there was insufficient equipment available for staff to decontaminate their hands.

There were sufficient staff on duty to meet people's personal care needs. Staff were knowledgeable about the people who used the service and were aware of their roles and responsibilities. They had the skills, knowledge and experience required to support the people who were resident in the home. Appropriate checks had been carried out to ensure that staff who were recruited were appropriate to be caring for people. There were caring and positive relationships between staff and the people who lived in the care home. However, people were not always treated with dignity and we saw personal care being delivered without screening.

Consent to care and treatment was not sought in line with legislation and guidance and not all staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to have enough to eat and drink and the meals were nutritious and well planned. Food was cooked from fresh ingredients. People were also supported to have good health and the provider was in frequent contact with health care professionals as appropriate.

People did not always receive care that was personal to their needs and they were not always supported to pursue their own interests and activities. There was very little community activity undertaken in the home and people spent most of the time alone in their rooms.

Quality audits were undertaken on a regular basis by the provider. These included checking whether the home was clean, that equipment was safe and that people were happy with the quality of care they received. These were not effective at identifying shortfalls in care at the home.

Residents meetings were undertaken where residents were invited to express their views about the care and support they received.

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.

A consistent and thorough audit of medicines was not undertaken.

There was insufficient equipment available for staff to decontaminate their hands following giving personal care.

Appropriate risk assessments were not in place for people to ensure safe passage around the building.

Staff were able to identify different types of abuse and were aware of how to report any concerns.

Is the service effective?

Requires improvement

The service was not always effective.

The requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards were not adhered to.

Healthy and nutritious meals were provided and people were involved in the choice of food they ate.

Is the service caring?

Requires improvement

The service was not always caring.

Respect for people's privacy was not always maintained.

There was open communication between the people who used the service and staff. Staff were kind and compassionate.

Is the service responsive?

Requires improvement

The service was not responsive.

People were not supported sufficiently to access social interactions within the home.

The home had routines that were not reflective of the preferences of those using the service, for example when people were being bathed and what time they went to bed.

Is the service well-led?

Requires improvement

The service was not well led.

The service was not empowering for people who lived in the home.

Quality audits were undertaken on a regular basis to ensure that people were living in an environment which was clean. However these failed to identify some fundamental issues, for example regarding hand washing.

Summary of findings

People said they were happy to talk to the registered manager about any concerns they had. Complaints were investigated and outcomes recorded appropriately.

Derby House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on the 2 and 18 November 2015. The first day of the inspection was unannounced.

The inspection team was made up of two inspectors and a specialist adviser. The specialist adviser was a qualified nurse.

Before the inspection visit we looked at information we held about the service, for example enquiries and notifications received. A notification is information from the provider about the service they provide. We also spoke with Healthwatch who told us they held no information on this provider. We also spoke with the Local Authority.

Before the inspection the provider completed a Provider Information Return (PIR). 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.

During our inspection we spoke with the providers, the registered manager, one nurse and four care staff. We also spoke with eleven people who used the service or their relatives. We looked at care plans for three people and pathway tracked these. This is a way of following the systems and processes around caring for individuals that ensures their care is undertaken in a proficient and safe way. We also looked at three staff records and various quality audits that had been undertaken in the home.

Following the inspection we spoke with one professional who was a regular visitor to the service.

Requires improvement

Is the service safe?

Our findings

At our last inspection we found that the registered person did not have effective processes in place to protect service users from the risks associated with the unsafe management of medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that the provider had made some progress in ensuring that the management of medicines was safe.

There was no regular audit of controlled drugs. There was a risk that any discrepancies in the dosage of medicines may be undetected for several weeks. The registered manager and provider agreed to take action to ensure there was an audit of controlled drugs at the beginning and end of every shift.

The registered manager informed us that there was a monthly audit of medicines in the home and 'spot checks' of people's medicines was undertaken periodically. This was to ensure that medicines had been given in the correct doses to people.

We found that people were receiving their medicines as prescribed. We looked in detail at the medicines and records for people in the home and found that people were given their medicines appropriately, also suitable records were maintained. Medicines were stored correctly in a locked place when not in use and were stored at an appropriate temperature.

At our last inspection we found that the provider did not have effective systems for monitoring the standard of cleaning of the premises and equipment. Also, they did not have suitable arrangements in place to enable staff to decontaminate their hands effectively. At this inspection we saw some improvements had been made.

We found that there were still not suitable arrangements in place to enable staff to decontaminate their hands effectively. We saw that washbasins in people's rooms did not always contain soap and hand towels. Hand sanitizing gels were available around the home but there was no specific place that these were kept. This meant that a member of staff who wanted to sanitise their hands could not always do so effectively. This lead to a risk of cross contamination.

At this inspection we found that the provider now had suitable arrangements in place for the cleaning and monitoring of the standard of cleaning of the premises and equipment. There were notices around the home reminding staff which cleaning equipment to use for which areas and, in addition the provider had installed new sluices so that contaminated equipment could be cleaned more effectively.

At our last inspection we found there were not effective processes in place to ensure that appropriate information was available for staff relating to the immediate care needs of people who had been admitted in an emergency. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that there were effective processes in place to meet the immediate care needs of people who had been admitted in an emergency.

At our last inspection we found that the provider had not taken reasonable steps to record and report instances of suspected abuse. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that there were systems and processes in place to address this issue.

People and their relatives told us they felt safe living in the home and no-one raised concerns about their safety. People told us that if they had any concerns they would raise them with their carer or the registered manager.

Staff had a good understanding of the different types of abuse and were aware of how to report any safeguarding concerns. They were also aware of how to escalate their concerns if they didn't feel they were being listened to. We looked at training records and could see that staff had received training in this area. We saw that one person had unexplained bruising and when we discussed this with the registered manager they could show us that this had been recorded in care notes on the day that it was discovered. This demonstrated that staff were aware of the need to record any concerns, or evidence, about people's physical well-being. Staff we spoke with were aware of whistleblowing procedures.

The management team were aware of local procedures for reporting concerns about people's welfare and any allegations of abuse. We saw that the provider was working collaboratively with the local authority, and ourselves, to investigate any issues that arose.

Requires improvement

Is the service safe?

At our last inspection we found that the registered person did not have appropriate arrangements in place to assess the skill mix of staff required to provide appropriate care for people. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found the provider had taken steps to rectify this.

People told us they felt safe in the home. One person told us they were "Very clear" that their relative was safe. People also told us that there were enough staff in the care home to help them when they needed assistance.

When we spoke with staff they believed there were enough staff on duty at any one time to meet people's needs safely. When we discussed staffing levels with the registered manager they told us that there was always a qualified nurse on duty to meet the needs of those people who required nursing care. They also confirmed that a recognised tool for assessing the levels of staff and the required skill mix was used to determine the numbers of staff on duty. We looked at staffing rotas which confirmed this. During our inspection we saw that people's needs were met in a timely manner. This meant that people's personal care needs were being met when they arose.

When we looked at staff files we saw that the appropriate recruitment checks had been carried out. That application forms had been completed, references taken up and Disclosure and Baring Service (DBS) checks had been undertaken, this helped to ensure that appropriate people were employed to undertake a caring role.

We saw that pressure area care was monitored for people when they were vulnerable and at risk of skin breakdown. Turning and repositioning charts were displayed in people's rooms where this was appropriate and staff told us the charts were used to inform the delivery of care for safe pressure care management. Staff also told us they felt that there was a really good regime in the home for looking after people's skin care. One person told us that their relative was 'turned' on a regular basis, about every two hours, while they were visiting.

We saw that there were some risks to the safe movement of people around the home. The ramp between the differing floor levels on the first and second floors could constitute a hazard for people, their visitors and staff. They are steep and had a very sharp bend through a doorway. This was a trip and falls risk for ambulant people with poor sight or reduced mobility. It was also a risk when people were being transferred using wheelchairs.

There is a barrier at the front door which is a risk to people unless they are continually monitored to ensure they do not fall over it. As people in the home are not always able to assess risk they could attempt to climb over the barrier, or lean out too far and fall. Neither of these risks had been identified for people and nor were there any risk assessments in the care plans around these issues.

The registered manager told us that bed rail audits were undertaken regularly to ensure that they did not pose a risk to the people in the home who were using these. We saw the records that confirmed this. This meant that that the safe use of bedrails was overseen.

Requires improvement

Is the service effective?

Our findings

People told us that they were happy with the care they received, one family member told us "We're very happy, no complaints". They felt that staff knew how to care for their relative and that "They really look after [relative]". Another person told us they were very happy in the home, they said "My key worker looks after me, she keeps me clean and helps me dress".

Staff told us when they started working at the service they had a probationary period when they would shadow more experienced members of staff and this lasted for about a week. Staff told us that all the training they received was 'online' and that the moving and handling training had been "Done on the computer" and that they had never seen this demonstrated to them "Live". However, the provider informed us that on alternate years this training was undertaken is practical classroom based training. Staff told us they thought they would benefit from more training that was undertaken on a one to one or group basis rather than on the computer.

Supervisions were undertaken three times a year and staff received annual appraisals. We also looked at the training matrix which indicated that staff training had been undertaken in a timely manner and was up to date. This helped to ensure that staff were carrying out their caring responsibilities effectively and with the support of their line manager.

The requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were not fully understood by all staff. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people's liberty was being restricted and that the requirements of the MCA were not being met as people who were living in the home had restrictions placed upon them but had not been assessed under the DoLS.

We spoke with the registered manager regarding the Deprivation of Liberty Safeguards and they explained that they had recently ceased applying for DoLS at the direction of the Local Authority. One member of staff we spoke with told us that nobody in the home was the subject of a DoLS, as "Nobody needs to" and another member of staff referred to people not being "allowed" to go out. This meant that there was a lack of understanding about the requirements of the MCA which put people at risk of their liberty being compromised without the necessary checks being undertaken.

One relative expressed concern that their relative was not communicated with effectively prior to any assistance with medical care. This meant that consent to care and treatment was not always sought .

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

People told us that they enjoyed the food. One person said it was "Good". One relative told us their relative "Eats very well". Although another relative told us that people have to eat very quickly and that the plates were "In and out".

We saw that meals that were on the menu were varied and fresh vegetables and fruit were served regularly. All food was cooked freshly, including the main courses and puddings. We saw that there was a board in the kitchen for displaying individual people's likes and dislikes as well as information about special diets. We saw that drinks and snacks were served regularly throughout the day. The registered manager told us what people liked to eat was discussed at residents meetings and records confirmed this. This meant that people were eating and drinking a well-balanced diet of their choice. The provider informed us that they had been nominated for a catering award for 2015 in three categories including customer services and catering teams. The provider informed us later that they had been shortlisted for the 'best menu' award in the same award.

We saw that there was a fridge and a 'drinks station' on each floor of the home to assist in the efficiency of the

Requires improvement

Is the service effective?

delivery of drinks to people's rooms. However, we saw that, in some instances, people's drinks were left out of reach. When we discussed this with the registered manager they told us this only happened where someone could not support themselves to drink and that care staff went into the rooms regularly to offer drinks. A relative of a person living in the home said their relative would be able, on some days, to help themselves to a drink if it was left within reach and was in a special beaker. This meant that people weren't being supported, fully, to be as independent as possible.

Some people in the home required assistance with eating. We saw that carers displayed good skills while assisting people with their meals. There was good communication between the carers and people and people were treated with dignity and respect while eating their meals. Staff sat at the side of people while they were assisting them with food so they were in a less dominating position.

A health professional was visiting the premises on a fortnightly basis for health concerns and monitoring and we saw from care records that people had access to appropriate health care professionals when required. We spoke with a health professional after our inspection and they said they felt "The level of nursing care in the home has been good".

Requires improvement

Is the service caring?

Our findings

We saw that there was information displayed in corridors regarding a daily list of personal routines, including toileting requirements of individual people. This did not support people's privacy and dignity. We also saw that people did not access the communal toilets which were available in each corridor, nor did they always use the ensuite toilets available in some rooms. We saw staff returning to rooms with lids for commodes when they had been used, rather than covering them straight away. Some people were mobile and still were supported to use commodes in their rooms, this meant that their independence was not promoted. When we discussed this with the registered manager they told us that it was not always possible for people to access the en-suite toilets as the appropriate hoists did not fit in the space available.

One person in a shared room had used her commode in the centre of the room in full view of the other person in the room. There was a curtain around the bed, but it was not possible to position the commode behind the curtain. The door to the main corridor was left open, this showed a lack of respect for this person's personal dignity.

It was difficult to observe interactions between people and carers as people spent the whole of their day in their rooms. During our inspection we only saw one person using the corridors around the home. However, people told us they were happy in the home and staff were caring and knew how to support them. One person told us they were having problems with their hearing aids and that they were "Very good" at putting it in. Another person told us they were "Very happy" living in the care home and that "They look after me, I have no complaints". A relative also told us that they were "Really happy" about the care their family member received.

The home operated a system of 'key workers' and one person explained how their key worker looked after them, they told us that their key worker kept them clean and helped them dress, they said "I'm very happy here".

Staff we spoke with were positive about their caring relationships with people, one person said that they treat the people living in the home "Like family" and "It's their home". One member of staff told us that one of the people they cared for had been pleased when they returned from their weekend off, the member of staff said "That was nice, that's why I do it".

We saw that there were positive interactions between people and staff and people told us they felt cared for. However, we observed that many of the interactions between staff and people were task focused and little time was spent with people encouraging them to express their views.

People and their relatives told us that they had been involved in the planning of their care on admission to the home but had not been further involved since. However, they told us that they had regular discussions with staff who were "Always available" and they were happy to have discussions with them about care needs.

We saw that care plans were updated regularly, so care staff were working from up to date information about people's needs and preferences.

Requires improvement

Is the service responsive?

Our findings

People told us that they received the care they required. One relative felt that staff knew how to care for their relative and were "Very good at working out what [relative] wants and responding to [relatives] needs". Another relative told us that their family member struggled with communication but that the staff were "Very good" at working out what they wanted and responding to their needs.

Some people told us that they were happy to stay in their rooms all day, which is where they received their personal care, meals and social interactions which involved watching television and visits from their friends and relatives. One person told us they liked to sit in their room by the window and "Watch the world go by". However, some people told us that they would like the home to provide more opportunities for social interaction amongst the residents. One person told us that they would like to go out on a drive and to visit places, also that they enjoyed outside activities but were not given an opportunity to do this. They also told us that they watched television a lot as there wasn't "Much else to do".

We looked at how people spent their time at the service during our inspection and found there were very few formal arrangements, structured activities, events or opportunities provided for people to pursue their interests and hobbies. Some people were independently mobile within the home and we saw one person moving around the corridors, however, for the most part people did not leave their rooms all day. Another person said they felt that their relative would benefit from more social interaction. We discussed this with the provider and the registered manager and they said that they would look at the activities that people had enjoyed and try and increase these.

There was no activities co-ordinator and care staff were expected to undertake activities with people during their working day, while supporting people with their care needs. However, the provider explained there was additional staff time to spend with people doing such things as painting their nails or other activities. Some of the bedrooms available to people were large and spacious but some were very small and we saw that chairs were facing away from the windows towards the doors so that they could see staff passing by.

We looked at the arrangements at lunch time and saw that everyone was served their food in their room as there was no communal dining space in regular use. This meant that people were served their meals on trays, one person told us "[relative] always liked to have her dinner on a table". When we discussed this with the registered manager they told us that people enjoyed their Christmas lunch together, once a year, but they didn't provide any other opportunities for people to share a meal together. This meant that meals times were never social occasions and the home were not responding to the indications that people were giving them about how they enjoyed meals together.

The registered manager told us that people expressed a preference to remain in their rooms throughout the day and some people did not enjoy communal activities. This was not identified in care plans and when we spoke with some people they told us they would like more opportunities for social interaction in the home. The registered manager told us that on the last occasion a communal event had been arranged for people they did not enjoy it. Following our conversation with the provider and registered manager they said they would look at introducing social events such as morning coffee and afternoon tea in the communal sitting room and pursuing more of those activities that people did enjoy, perhaps in small groups.

The communal sitting room is on the first floor of the building. When we arrived for our inspection it was cold. The registered manager told us that the heating was put on if residents wanted to use it. However, this meant that they could not spontaneously gather or sit quietly in the room when the weather was colder. The room was clean and freshly decorated but there was nothing in the room that might help people with memory problems to be stimulated, either physically or intellectually. On the second day of our visit to inspect the service we saw that the sitting room was heated and was in use by two people and their visitors over lunch time.

We spoke with one relative who told us that their family member was mobile before they entered the care home but they were concerned that family member was no longer walking. When they talked to the staff about this they were told they didn't want to encourage them to get up and walk as they would be at greater risk of falling. We

Requires improvement

Is the service responsive?

saw no risk assessments that supported this view but were advised by the provider the physiotherapist and GP had been involved in this decision and the relative of the person had been fully informed.

Relatives told us that their family members were routinely put to bed at around 6pm. People we spoke with told us they were tired by that time. However, one relative we spoke with said that their family member had never gone to bed at that time previously. When we discussed this with the registered manager they told us that this was the time most people wanted to go to bed.

We saw that there was a 'bath rota' and that people had a bath on pre-arranged days in the week. When we asked one person about this they told us that their bath day was Friday and that they sometimes had a bath on other days "If they (staff) were busy".

The routines operated in the home offered little opportunity for social interaction or choice. Bed times and opportunities to have a bath were part of the routine of the home and were not focussed around what people wanted. This meant that the service was not providing care in a person centred way by responding to individual wants and needs.

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

Some people were able to express their views about the service and they told us that they would talk to the registered manager, their key worker, or another member of staff on duty if they had any concerns or complaints. We saw that there were many compliments from relatives about the care that their relatives had been given.

When we looked at the complaints records we saw that they had been responded to appropriately.

Requires improvement

Is the service well-led?

Our findings

Feedback from the people who lived in the home, their relatives, and our observations, did not support the fact there was a person centred and empowering culture in the home. We observed people frequently spent all day in their rooms and all social interactions and meals were taken there. Some people expressed the view that they would like to undertake more social interaction in the home. When we discussed with the registered manager and provider they told us people chose to remain in their rooms.

People we spoke with told us that they would be happy to talk to the registered manager about any concerns or complaints they had about the care in the home. Staff reiterated this view. The registered manager was supported by the providers to undertake their duties and responsibilities .

The provider told us that they did a 'tour' of the home most days to check if standards of care were appropriate and if people had any concerns or questions they wanted to ask. This meant that the registered manager was in regular contact with people who lived and worked in the home. When we asked the provider and the registered manager about their vision for the future of the home they told us they wanted to ensure people were safe and happy in their care.

Staff we spoke with were positive about their role, however, one member of staff told us they felt there was "No direction or leadership" and that they had concerns about approaching the providers for advice and assistance.

The providers had an office on site and took responsibility for much of the quality assurance of the service provision. This included a six weekly inspection around the home to monitor the quality of the care delivery, talk to people and staff and plan future improvements in the service. We saw that they undertook an audit of four random care files every six weeks as well as undertaking cleaning audits regularly. Systems and processes were in place throughout the home to monitor the quality of care that people received. The audits ensured a clean and warm environment for people However, during our inspection we identified a number of concerns and shortfalls not identified by the providers quality assurance checks. These included concerns in relation to the lack of a person centred approach to care. There was little respect for people's preferences, wishes and aspirations. The home did not provide sufficient opportunities for people to meet for social activities, most particularly communal meals. As such the quality assurance systems did not provide a robust driver for improvements in the home.

We spoke with the provider about the lack of social interaction for people who lived in the home and the fact that the one room available for people to socialise in collectively was cold and uninviting. The sitting room in the home was not heated unless people expressed a wish to use it. This meant it remained empty for most of the time. In addition the location of the sitting room was on the first floor of three storey accommodation and, though there was a lift available, some people still had to navigate unsafe ramps and stairs to access this room. However, when we visited on the second day of our inspection the room was heated and was being used.

When we discussed the vision for the future with the registered manager they told us that they wanted to continue to provide a good standard of care for the people who lived in the home. They told us that they wanted to adapt to the changing needs of the people who lived there and undertake more quality monitoring to ensure high quality delivery of care. This meant that the registered manager was aware of the need to continually look at improvements for the service.

Residents meetings were held periodically and their views were sought, however, the home did not undertake meetings for relatives of people who lived in 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 People did not receive care and support that was personal to them, that met their needs and reflected preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent People's consent was not always sought before treatment or care was given. The provider was not compliant with the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards.