

Mapleton Care Group Ltd

Mapleton Court Care Home

Inspection report

Stacey Crescent
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Barnsley
South Yorkshire
S72 7DP

Tel: 01226891400

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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 ●

Summary of findings

Overall summary

About the service

Mapleton Court is a care home providing accommodation and personal care to older people, some of whom are living with dementia. The service can support up to 60 people in three adapted buildings. At the time of this inspection there were 15 people living at Mapleton Court in one of the adapted buildings.

People's experience of using this service and what we found

During this inspection we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 11, Need for consent and; Regulation 17, Good Governance. We have also made recommendations about staffing levels and topical medicines management.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the systems in the service did not support this practice. Effective systems to monitor and improve the quality of the service provided had only recently been introduced. Some safety and maintenance checks for the premises and equipment were now in place. A fire drill needed to be undertaken.

The provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background. Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the registered manager.

Staff were provided with relevant training and ongoing support to make sure they had the right skills and knowledge to support people. People told us they enjoyed the food served at Mapleton Court, which we saw considered their dietary needs and preferences.

Positive and supportive relationships had been developed between people, their relatives and staff. People told us they were treated with dignity and respect and we saw this throughout the day of the inspection. There was a range of activities available to people living at Mapleton Court. People were supported to engage in activities that were important to them.

The provider had policies and procedures which reflected current legislation and good practice guidance. People, their relatives and staff told us the registered manager was approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 21 March 2019). Since this rating was awarded the

registered provider of the service has changed. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to good governance and the need for consent at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Mapleton Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team was made up of one inspector 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.

Service and service type

Mapleton Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch Barnsley. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this

information to plan our inspection.

During the inspection

We spoke with six people who lived at Mapleton Court and three of their relatives about their experience of the care provided. We met with the registered manager and area manager. We spoke with five members of staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked around the building to check environmental safety and cleanliness. We looked at written records, which included five people's care records and five staff files. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found during the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Learning lessons when things go wrong; Assessing risk, safety monitoring and management

At our last inspection we found the previous provider had failed to continually assess risk and monitor the quality and safety of the service, failed to identify where safety and quality was being compromised and failed to take timely action to reduce future incidences. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found some improvements had been made by the new provider, however we need to see these improvements developed and sustained. Therefore, the new provider was in breach of regulation 17.

- The area manager had been in post for a month at the time of this inspection. They had introduced systems to ensure information about accidents and incidents was recorded alongside the action taken. The system also gave them an overview of every incident so they could analyse this information and look for any trends or themes.
- Not all risks to people in the event of a fire had been addressed. At our last inspection we saw weekly fire alarm checks had not been completed and monthly checks on the fire doors had not been completed. We brought this to the attention of the registered manager. During this inspection we saw these checks had been regularly undertaken. However, we did not see any records of a recent fire drill. The registered manager confirmed this was the case and told us they were planning to undertake one soon.
- Electronic care records had been introduced by the new provider. We saw people's care records contained risk assessments. For example, moving and handling risk assessments contained information specific to each person in terms of what action staff could take to reduce the risk to the person. We saw each area of risk had been reviewed each month for the previous two months.

Staffing and recruitment

At our last inspection we found the previous provider had failed to ensure safe recruitment practices were consistently applied. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the new provider was not in breach of regulation 19.

- We looked at five staff files. We saw each file contained references to confirm the applicant's suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring

Service (DBS) reference number. These checks helped to ensure people employed were of good character.

- The registered manager was unable to answer all our questions about the employment status of one member of staff. The provider responded after the inspection and sent us the additional information we needed to confirm recruitment procedures were safe.
- The registered manager told us a dependency tool was completed every month for each person to calculate staffing levels. The tool was based on current occupancy levels and the needs of each person living at the service. They told us this would also be reviewed whenever another person moved into Mapleton Court or a person's needs significantly changed.
- People spoke highly of the staff, however people did tell us they felt sometimes there were not enough staff on duty. Comments from people included, "Could do with some extra staff", "Staff are always running around, always very busy" and "If there was more staff we wouldn't have to wait when we ring the bell." A relative told us, "Always staff around, sometimes when I visit there doesn't always seem enough."
- Staff we spoke with also felt there were times during the day they could do with more. One member of staff told us, "We could do with one more staff in the morning, it can get hectic." Another member of staff told us visiting professionals sometimes had to wait as all staff were busy supporting people.

We recommend the provider and registered manager consider the comments made by people, their relatives and staff when calculating staffing levels and the deployment of staff during busy times.

Using medicines safely

At our last inspection we found improvements were needed to ensure records regarding the application of topical creams were robust. During this inspection we found not enough improvement had been made.

- One person was prescribed a patch for pain relief. There were no instructions to direct staff as to where the patch was to be applied.

We recommend the provider and registered manager consider best practice guidance in this area and act to rectify this issue.

- Medicines were stored securely and within safe temperature ranges.
- Senior care staff took responsibility for dispensing medicines. They had received training in medicines management and their competency in this area was checked.
- We saw the senior care worker dispensed people's medicines patiently. We saw they stayed with the person until their medicines had been taken. They were encouraging with people; explaining what they were doing and answering any questions.
- Some people required medicines as and when required (PRN). We saw there was information and guidance for staff as to when people might need their PRN medicines. People told us they received their medicines as prescribed. Comments included, "They [staff] always give me a drink, and make sure I take my tablets" and "I have tablets for pain, the girls [staff] ask me how the pain is, do I want some tablets."

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to protect people from the risk of abuse. Staff we spoke with confirmed they had received training in safeguarding adults from abuse. Staff were confident any concerns they raised would be taken seriously by the registered manager and acted upon appropriately.
- The registered manager had a system in place to record safeguarding concerns raised with the local authority and the outcome.
- The provider was responsible for managing small amounts of money for people living at Mapleton Court.

We saw the registered manager kept an accurate financial record for each person.

Preventing and controlling infection

- The home was clean and well maintained. We saw carpets and wooden flooring were clean, hard surfaces free of dust and there were no malodours.
- Personal protective equipment, such as plastic gloves and aprons were readily available to staff and worn appropriately throughout the day of this inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's care records contained records of their capacity to consent to different aspects of their daily lives, such as 'maintaining safety'. These were general statements about daily living and not decision specific. Where a person lacks capacity any best interest decisions need to be specific about what the person is actually consenting to.
- Where people did not have capacity to consent there was not always a record their representative had been consulted. Where a representative had been consulted and made a decision on the person's behalf there was no record this person had the legal authority to do so.

As the care and treatment of service users was not always provided with the consent of the relevant person this was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had made appropriate applications to the local authority for DoLS authorisations and kept a record of each application. They had also started to keep a summary of each application, so they could keep track of which stage of the process it was at. Where conditions were attached to a DoLS authorisation we saw these had been met and recorded in the person's care record.

- Staff told us they had received training in understanding the MCA and DoLS. Training records confirmed care staff had received this. The care staff we spoke with had a good understanding of capacity and consent.
- The registered manager told us they would visit people at home to assess their care and support needs to ensure they could provide an appropriate service prior to the person moving in.

Staff support: induction, training, skills and experience

At our last inspection we found the previous provider had failed to ensure staff received the training and professional development necessary for them to carry out their role and responsibilities. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the new provider was not in breach of regulation 18.

- The registered manager told us no new staff had been employed since the last inspection. A member of staff had changed roles and told us they did have an induction to their new job. This included training and shadowing a more experienced member of staff.
- Staff told us they had undertaken a lot of training since the new provider had taken over. This was a mix of computer based learning with face to face training for more practical subjects, such as moving and handling. Senior care staff told us they had been supported by the new provider to complete a qualification in health and social care.
- Ongoing support was provided to staff through supervision and appraisals. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. We saw records of supervisions and appraisals taking place. Staff we spoke with told us they had regular supervisions and felt supported by the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food served at Mapleton Court. Comments from people included, "Food is good, always plenty to eat", "I enjoy my breakfast, always have porridge, tea and toast" and "To a certain extent, can choose what you want. If it's something you don't like, you only have to say. Always something else on offer."
- We observed the lunchtime meal service in the dining room. The atmosphere was relaxed. Tables were set with condiments, the food looked and smelt appetising to us. A choice of drinks was offered. Where appropriate, people used adapted crockery and cutlery to eat their meal. Staff chatted with people and encouraged them to eat. One person was offered a number of different options before they finally ate something.
- Some people were on specific diets for health reasons. The cook was very knowledgeable about people's dietary needs. The cook told us every person had a 'Key Personal Information' sheet in the kitchen. This was reviewed monthly with a senior care worker or sooner if the person's dietary needs changed. The cook said, "On admission, I talk to residents and their families. Ask what people like and don't like. I cater for what I know people will like, and I will always offer an alternative."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to medical professionals when this was required. Comments from people included, "If you are poorly, the GP comes out to see you", "Home phones the doctor if you are ill" and "Any problems, home phone up and the doctor comes the same day. Dentist comes in and the optician visits regularly."

- The care records we looked at confirmed people were supported to access a range of health and social care professionals. Their contact details were included in people's care records.

Adapting service, design, decoration to meet people's needs

- The premises were suitable for people living with dementia and for people with mobility difficulties. People's bedroom doors had their name on them alongside a description of what was important to them and what they liked to do.
- There was clear signage of communal areas, such as toilets and dining rooms. This can assist with orientation.
- On the walls there was a range of dementia friendly pictures and displays to aid reminiscence.
- The garden and outside space was wheelchair accessible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well treated by all the staff. Comments from people included, "They [staff] are all very nice here, very kind", "All [staff] are very nice to me" and "All the girls are good, I can ask any of them for help."
- People told us visiting relatives and friends were always made welcome. They could visit anytime.
- We saw positive, caring interactions between people and staff throughout the day of the inspection. Staff got down to eye level to communicate effectively with people who were sitting down. Staff were patient when supporting people to mobilise.
- Staff told us they enjoyed working at Mapleton Court and this was evident from their interactions with people and their visitors. Staff clearly knew people well. We heard lots of friendly conversations and laughter.
- The provider complied with the Equality Act 2010. This meant people were not treated unfairly because of any characteristics that are protected under the legislation, such as age and gender

Supporting people to express their views and be involved in making decisions about their care

- Electronic care records had recently been introduced by the new provider. Since the introduction, we saw people's care and support needs had been evaluated for the previous two months by a senior care worker. We did not see evidence of many reviews taking place with the person and their representative.
- The relatives we spoke with told us that they felt involved in the care of their relative and were kept informed. A relative told us, "Family had full involvement setting up [relative's] care plan, they [relative] have not been here long enough for a review."

Respecting and promoting people's privacy, dignity and independence

- People told us they were encouraged to be independent. One person told us, "I go to bed when I'm tired and get up when I want."
- We saw people were treated with dignity and their privacy was respected. Staff knocked on doors before entering people's bedrooms. Staff spoke respectfully about the people they supported. People told us, "[Staff] always knock before they come into my room" and "Staff are all most respectful, they help me to the toilet, they are all very kind." A relative told us, "Staff always knock and announce themselves before they go in a room."
- We did not see or hear staff discussing any personal information openly or compromising people's privacy. Staff we spoke with understood the need to respect people's confidentiality and we saw confidential records were locked away in the registered manager's office.

- People's right to dignity and privacy was a key part of the provider's statement of purpose.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection we found the previous provider had failed to ensure an accurate, complete and contemporaneous record for each person was maintained. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found some improvements had been made by the new provider, however we need to see these improvements developed and sustained.

- A visiting health professional had told us information they had given regarding the care and support of a person had not been followed by staff. The registered manager told us this was because the information had not been recorded at the time and therefore staff were not aware of it. We saw this person's care record had now been updated to include this information. Staff told us they completed a handover sheet at the end of each shift with any significant updates. They also used a communication book to communicate with each other when tasks had been completed. This was in addition to updating the person's care record.
- We saw the newly introduced electronic daily notes were regularly completed by care staff every day and night for each person. This included recording the amount people had to eat and drink where they had been assessed as being at nutritional risk. The system flagged it up to staff if not enough food and fluid intake had been recorded.
- Care records included a summary of the person's needs and important personal information, such as the person's food and drink preferences. There were sections covering all aspects of need, such as what care and support a person may need during the night. We saw each section was evaluated monthly and updated, if required. There was a section covering people's preferences for how they wanted to be cared for at the end of their life.
- Information on people's care records could have been written in a more person-centred way. The area manager told us the implementation of the electronic care records was a, "Work in progress." Senior care staff would be working with the registered manager to make sure people's care records fully reflected their individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were meaningful activities and social opportunities for people living at Mapleton Court to participate in. The provider employed an activity coordinator. We saw timetables of upcoming events displayed in the home. These were displayed alongside photographs of people enjoying past events and

activities.

- We asked people if they were supported to undertake any activities or access their local community. They told us, "I like the craft things. We made the autumn decorations; the leaves. The harvest picture on the wall, we painted that", "We went out and visited a farm, went to the park, fed the ducks" and "We have 'let's dance' on a Thursday, I like that." The care records we looked at contained details of recent activities people had participated in.
- A relative told us, "The activity lady is marvellous, she does pamper days for the ladies, gives them a manicure and paints their nails. They love it. Children from the local pre-school come in, do dancing, play musical instruments, residents love that."
- We spoke with the activity coordinator who told us activities included baking and dancing. During the morning of the inspection we saw the activity coordinator lead a lively game of dominoes. Later in the day people were enjoying making salt dough decorations in preparation for Christmas. This led to people happily reminiscing about past Christmases.
- Mapleton Court had a large garden which people told us they enjoyed in warmer months. The registered manager told us the outside space was also used for local community events, such as a recent summer fayre.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The area manager told us information would be made available to people in a format they could understand, if required.

Improving care quality in response to complaints or concerns

- Everyone we asked said they would be comfortable raising any concerns they had with staff and they felt their views were listened to. Comments included, "I would speak to the manager [if I needed to complain]", "My family would do it [complain], but I have never needed to complain" and "I made a complaint once. Thing I like about this place, they [staff] never try to cover things up, they tell you straight away [if something goes wrong] and get things sorted out."
- The provider had a complaints procedure. This was included in their statement of purpose and displayed in the home.
- We were told there had been eight complaints so far this year. We saw these had been recorded with any action taken to resolve the concerns raised.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found the previous provider had failed to continually assess risk and monitor the quality and safety of the service and failed to identify where safety and quality was being compromised. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found some improvements had been made by the new provider, however we need to see these improvements developed and sustained.

- The registered manager had implemented a number of audits since our last inspection. However, these had not picked up on the issues we identified during this inspection. The registered manager and area manager told us they were still to implement a care plan audit tool.

As the new provider had failed to identify where safety and quality was being compromised this was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The area manager had introduced an audit framework in the last month. This covered all aspects of service delivery. The area manager told us they would then complete a provider audit of this each month to ensure any issues were recorded and resolved. The area manager had created an action plan to support this.
- The provider had a comprehensive set of policies and procedures. We saw these reflected current legislation and good practice guidance. These were made available to staff via paper copies held in the offices.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection we found the previous provider had failed to seek and act on feedback from relevant persons on a regular basis for the purpose of evaluating and improving the service. This was a breach of

regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found some improvements had been made by the new provider, however we need to see these improvements developed and sustained.

- The registered manager told us they planned to use an online survey provider to gain the feedback from people, visitors and staff. The provider was also planning to send a questionnaire out to people, their relatives and staff.
- We saw records of regular meetings taking place with staff, people who lived at Mapleton Court and their relatives. A relative told us, "We have monthly meetings with the manager, open for families and residents to attend. We never miss a meeting."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

Registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. During our inspection we identified seven incidents which the registered provider had failed to notify us about. This demonstrated a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 due to a failure to submit statutory notifications. Enough improvement had been made at this inspection and the new provider was not in breach of regulation 18.

- The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. Evidence gathered prior to the inspection confirmed that a number of notifications had been received. However, we found CQC had not been notified of all allegations of abuse. The registered manager agreed CQC needed to be notified of all safeguarding concerns referred to the local authority. They told us they would rectify this issue.
- It was clear from all our observations of staff interactions they were committed to providing person centred care and respecting people's needs and preferences.
- People told us they thought Mapleton Court was well managed. Comments included, "Manager is[name], she is very approachable" and "I believe so, I think it [Mapleton Court] is well managed."

Working in partnership with others

- People and staff told us they had developed good relationships with the local community. This included with the local church and nursery school.
- The registered manager told us they worked in partnership with Barnsley local authority.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The care and treatment of service users was not always provided with the consent of the relevant person.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to identify where safety and quality was being compromised.