

Elmwood Residential Home Limited

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Inspection report

Swan Hill Road
Colyford
Colyton
Devon
EX24 6QJ

Tel: 01297552750

Website: www.elmwoodonline.co.uk

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Elmwood Residential Home Limited is a large detached period property in the town of Colyton in Devon with a large landscaped garden which people can easily access. It is located 3 miles from Seaton and 6 miles from Axminster. They are registered to provide accommodation with personal care for up to 38 people with physical disabilities, long term medical conditions or memory loss. At the time of our inspection there were 34 people using the service.

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

People and relatives felt the service was safe. Comments included, "They look after us well. I haven't got any complaints at all" and "I feel secure. I'm not afraid."

People's medicines were not always safely managed in line with the provider's policy. We have made a recommendation about the management of medicines.

Staff had completed the provider's mandatory training, but they had not always had their competency assessed and received refresher training. Staff had received safeguarding training and were aware of the different types of abuse.

Risk management was not always robust. In particular, monitoring people's individual risks in relation to skin integrity and nutritional status. The management team needed to resume their monitoring of accidents and incidents to ensure staff had taken appropriate action and to look at any potential trends and minimise the risk of future incidents.

Fire safety and environmental safety needed to be improved to keep people safe. The provider took action at the inspection to reduce the risks to people.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider increased the staffing levels at night during the inspection. They told us the dependency tool they used to assess staff levels was being reviewed. Recruitment processes were robust.

The registered manager had resigned her position and left the home in October 2022 and had applied to deregister with CQC. The deputy manager had stepped into the manager's role while the provider tried to recruit a new manager. At the time of the inspection the registered manager had returned to the home to cover while the deputy manager took a period of planned leave. The registered manager deregistered with CQC on 19 December 2022.

Since the registered manager had left in October 2022, managerial oversight had fallen behind at the home. This meant opportunities to drive positive change might have been missed, which could have resulted in improvement in the outcomes for people and reduce incidents.

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

Rating at last inspection for this service was good (published 3 November 2018).

Why we inspected

We received concerns in relation to the management at the service and concerns raised by visiting health care professionals. As a result, we undertook a focused inspection to review the key questions of safe, effective and well led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elmwood Residential Home Limited on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Elmwood Residential Home Limited

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Elmwood Residential Home Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elmwood Residential Home Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the registered manager was in the process of deregistering and had left the service. However, they had returned on a temporary basis to oversee the home during a planned absence of the deputy manager until the end of December 2022. They deregistered on 19 December 2022, after our inspection visit, so we will refer to them as the registered manager throughout this report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We sought feedback from the local authority at the East Devon weekly huddle meeting. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people and 2 of their relatives/friends. We also spoke with 10 staff including, the registered manager, senior care staff, care staff, kitchen and housekeeping staff and the maintenance person. We also spoke with the provider's nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider), the providers accounts manager an agency chef and an agency carer.

We also spoke with a visiting GP and two community nurses.

We reviewed a range of records. This included two people's care records and a sample of medication records. We looked at a variety of records relating to the management of the service, including training records, incident records, recruitment records, quality assurance processes and various policies and procedures.

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

After the inspection the nominated individual sent us additional information about the service provided at Elmwood and actions they had taken in response to our feedback.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Assessing risk, safety monitoring and management

- Risk management was not always robust. Staff completed a range of individual risk assessments. These included assessments of mobility, skin integrity and malnutrition. However, these had not been regularly reviewed for individuals when their needs changed. For example, a person with a broken area of skin was assessed as a low risk on the skin integrity assessment tool and this had not been updated since September 2022 and yet they were receiving support from the community nurses.
- Risk assessment screening tools for malnutrition were not being reviewed regularly to identify individual risks. The registered manager had previously undertaken a weights analysis of people at the home, this had not been completed since September 2022, so we were not assured the risk to people was being managed. After our inspection visit the nominated individual wrote to us and told us 'These risk assessments are now in place. New senior care staff have been recruited and ensuring these risk assessments are kept up to date has been made part of their responsibility.'
- Fire management and fire door monitoring was not effective to keep people safe. On the first day of our visit we found fire doors that were blocked by equipment and fire doors which did not fully close. This meant that in the event of a fire people would not be protected by these fire doors. The maintenance person was aware that one door did not fully close as a new carpet had been fitted. However, no action had been taken to consider the risk to people. By the second day of our visit all fire doors had been checked to ensure they fully closed in the event of a fire alarm.
- People were placed at risk of being able to access windows which had openings on the first floor above the health and safety executives (H&S) guidance. Staff undertook regular checks of window restrictors on the first floor; however, this did not include bathrooms. We found a bathroom window on the first floor which was not restricted and posed a risk to vulnerable people. A restrictor was put in place by the second day of our visit and the nominated individual confirmed all windows on the first floor would be added to the monitoring document.
- Water temperatures were monitored to ensure they were within the recommended H&S guidance to minimise the risks to vulnerable people of scalding themselves. However, 2 showers had recorded temperatures above the recommended guidance. No risk assessment had been completed to ensure the people using these showers were not placed at risk. A risk assessment was completed before the end of the inspection and signage to advise people.

The provider had not ensured risks were assessed for the health and safety of people using the service. We found no evidence that people had been harmed however this is a breach of Regulation 12 of the Health and

- The provider had an external company complete a fire risk assessment on 20 October 2022. They had raised 14 areas of concern as a high rating and requiring action between 1 to 3 months. These included fire doors which did not meet the required standard and fire exits being locked. The provider was taking actions regarding these areas and sent us an action plan setting out the actions they were taking.
- On the top floor of the home was staff accommodation. We discussed with the nominated individual, to consider undertaking a risk assessment to ensure there were no risks posed to people and ensure they were included on the emergency plans. After the inspection they told us, they had completed a risk assessment and a personal evacuation plan for everyone using the second floor.
- External contractors undertook regular servicing and testing of moving and handling equipment and fire equipment to ensure people and staff member's safety.
- Staff recorded maintenance issues in a folder on each unit which was reviewed each day by the maintenance person and repairs undertaken.

Using medicines safely

- Medicine management was not always safely managed.
- A staff member had not followed the provider's medicines policy when administering medicines which require additional security. For example, the register had not been completed correctly and did not reflect the stock of medicines requiring additional security. The registered manager and staff undertook a weekly stock check of these medicines, these errors had occurred since the last check. We were able to confirm the medicines had been administered and this was an administrative error.
- Some people were receiving medicines administered through transdermal patches that are placed on the skin to deliver a specific dose of medicines through the skin. The provider had body maps to guide staff about where they positioned the patches in order to rotate the sites used. This is because placing a new patch in the same place as the old one may irritate people's skin. Staff were not always recording where they had administered these patches which placed people at risk of skin irritation if patches were reapplied to the same places.
- Medicines stored in the medicine fridge were at risk of not being safely stored. Medicines which need to be refrigerated should be stored between 2°C and 8°C. Staff monitored the medicine fridge temperature and on two occasions a staff member had recorded that the medicine fridge was below freezing, which would compromise the efficacy of the medicines. We discussed this with the registered manager who said they felt it was the thermometer at fault and would get a replacement. However, the staff member had not acted upon this in line with the provider's policy and people's medicines could have been compromised.
- Not everybody had a photograph on their medicine records to be able to identify them as the right person to guide staff. The nominated individual wrote to us after the inspection visit and confirmed everybody's medicine records had a photograph in place.
- We discussed with the registered manager that people's known allergies were not recorded on their medicine administration records. This could put people at risk of receiving medicines they might have an allergic reaction from. The registered manager told us this information was recorded on the electronic care system and they would have it placed on the medicine records. The nominated individual wrote to us after the inspection visit and confirmed this had been completed.
- There were suitable arrangements for storing and disposal of medicines. At the time of the inspection staff used one trolley for the whole home. Medicines were sent to the home in dossett boxes (plastic boxes with small compartments that clearly show which pills need to be taken at what time of day). The registered manager said in January 2023 these were going to be changed to individual boxes. The registered manager assured us about the staff would be supported in the new method of administration and additional storage would be required.

- Regular medicine audits were completed; where errors or concerns were identified, action was taken.

We recommend the provider ensure staff that administer medicines have the required knowledge and level of competence to administer medicines safely.

Staffing and recruitment

- There were not always enough staff on duty to support people safely. The provider used a staffing assessment tool to assess the level of staffing required to meet people's needs. This tool was not easy to navigate and identify the staffing levels required and had not been completed correctly. The final sheet stated for the past 5 months that there were three staff on duty at night. This was not the case as only two staff worked at night to support 34 people. The registered manager told us that 9 people required 2 staff to support them with their personal care needs and to reposition. This meant that when staff were supporting them others might be placed at risk. The provider took action after the first day of the inspection and increased the staffing levels at night to 3. We discussed going forward that the assessment process for staff levels needed to be more robust and reflect the needs of people at the home. The nominated individual wrote to us after our visits and told us, 'This dependency tool is currently under review to be improved.'
- Staff said sometimes they were short staffed. One staff member said, "Staffing is getting better. Sickness leaves staffing short."
- People told us they felt there were enough staff. Comments included, "They have got enough staff", "We do have a lot of agency nurses, because of staff shortages. Most of them are extremely good, some not so, but you can't say anything as they don't know you" and "If I need help, they help me. Most of them are really very good. The staff are lovely".
- The provider was using the services of agency staff. They had agency staff profiles to ensure staff had the skills they required. The registered manager told us they tried to use consistent agency staff to fill staff vacancies. The provider had a permit to recruit staff from overseas and was hopeful this would assist with the staffing levels.
- The provider carried out recruitment checks to ensure staff were suitable to work at the service. For example, references from previous employers and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- The providers training matrix showed staff had received training about how to safeguard adults from abuse and their responsibility to report concerns immediately. Staff told us they had completed safeguarding training or were scheduled to complete it. Staff were confident if they raised a concern with the management it would be acted upon. One staff member told us about external agencies they could contact.
- People said they felt safe living at the service. Comments included, "You feel safe, you are being looked after well", "Quite good really. They look after us well. I haven't got any complaints at all" and "I feel secure. I'm not afraid". A relative told us, "We feel sure Mum is safe here."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- In line with current government guidance the home was open to visitors. There were no restrictions to movement around the home.
- Relatives confirmed they had been able to visit their relatives. Comments included, " We always say when we are coming. I phoned to say I was coming to take mum out today. We never feel visiting is a problem. The staff are really friendly, very nice".

Learning lessons when things go wrong

- Accidents and incidents were managed appropriately. Records showed that appropriate actions were taken by staff following any accidents and advice was sought from other health professionals when needed. The registered manager had previously reviewed all of the accident and incident reports to ensure staff had taken appropriate action and to identify any possible themes and trends. However, this had last been completed in October 2022. No analysis of falls had been completed for November 2022. We discussed with the registered manager that there had been a number of falls recorded in November 2022 where people had been found on the floor by staff. The registered manager said they would complete a review. They said they would look at frequency of checks on people and staff response times to call bells to ensure they were prompt in particular for people who had pressure mats to alert staff they were up and about.
- The nominated individual wrote to us after our visit and informed us they would be using their electronic care system to record accidents and incidents. This would alert all events and a monthly audit for themes and trends would be completed.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Although staff had completed the providers mandatory training. Staff did not always have the skills required to support people safely.
- Staff had received training in safe medicines handling; however, they had not always had their annual refresher training and their competency checked to make sure they gave medicine safely. For example, a staff member had returned from a long period of planned leave and had not had their competency reassessed before undertaking medicines.
- Following an incident where a person fell in August 2022, it was not evident staff had received training for managing people with their specific emotional needs as stated in the analysis following the fall. The registered manager told us this training was being arranged. The nominated individual wrote to us after our visits and told us, 'We are actively reviewing our training programme to ensure the appropriate training does take place, especially with regards to aggressive behaviour and medication management.'

The provider had failed to ensure staff had received appropriate training and had the knowledge required to carry out their role safely. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People gave us mixed views about staff knowledge and ability. One person said, "They are training staff all the time. There tends to be a turnover of staff. They work very hard." Another said, "Some are more competent than others. Some of the agency staff need more telling. It's difficult as they have to pick up knowledge as they go along." Staff completed an induction when they started work at Elmwood and shadowed an experienced staff member for two weeks until they felt competent to work alone.
- Staff received regular supervisions with the management team and had the opportunity to discuss development and any issues identified.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was not always working within the principles of the MCA. It was not always evident best interest decisions had been taken to support people in line with the MCA.
- We identified people at the home without a DoLS in place that were having restrictions placed upon them without the legal authorisation to do so. The registered manager could only find 1 DoLS application and could not confirm if it had been submitted to the relevant authority.
- Staff could not inform us about who had a DoLS in place and therefore did not know about any conditions within a DoLS they needed to follow.

The provider had failed act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice where a person lacks mental capacity to make an informed decision or give consent. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the nominated individual told us that they had submitted 7 DoLS applications to the local authority to deprive people of their liberties and staff would be receiving additional face to face MCA and DoLS training.
- Staff asked people for their consent before undertaking any tasks.

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

- Staff knew people well and their dietary needs, likes and dislikes. The provider was using agency chefs to cover some of the catering at the home while they recruited a new chef. They did not have clear guidance about what people's dietary needs were, which could place people at risk if staff who were new to the service were supporting people with their meals. We discussed this with the registered manager and they immediately produced a list of people's dietary requirements for the kitchen.
- People were positive about the food. Comments included, "The food is very good indeed. We are waiting for a new chef. They give us a choice and the food is very good", "On the whole it's very good. You get it sometimes repeated, but on the whole its good" and "It's very nice. You get a choice. I have a glass of wine with my dinner".

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

- People had access to the large landscaped garden and told us they loved using it. Comments included, "You don't feel trapped in. In the summer I was in the garden all the time."
- People's bedrooms were personalised with items like soft furnishings, pictures and trinkets.
- Some areas of the home were looking tired. Th provider had an ongoing programme of refurbishment at the home.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People's needs had been assessed prior to joining the service in line with legislation and guidance. The assessments identified people's needs in relation to issues such as personal care, eating and drinking, mobility and communication.
- Staff knew people's needs well and discussed changes with the senior staff. Senior staff worked with external professionals to ensure people's health care needs were met. People were confident staff would get support if required. Comments included, "They will notice. I was taken ill in the middle of the night a few weeks ago. I couldn't breathe, they called the doctor and he came from Exeter" and "The district nurses were called in after I had a fall."
- Relatives was positive about the care their relative received and were confident their specific health care needs were met. A relative told us, "(Person)is registered with a local GP; we feel lines of communication are open. (Person) had her flu jab and Covid booster here, that's all organised."

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 our last inspection we rated this key question good. At this inspection the rating has changed 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;

- Since the registered manager had left in October 2022 managerial oversight had fallen behind at the home. For example, weight analysis; regularly reviewing individuals risk assessments; reviewing falls and incidents and following the Mental Capacity Act. This meant opportunities to drive positive change might have been missed, which could have resulted in improvement in the outcomes for people and reduce incidents.
- A lack of systems and processes to review medicines practices meant the concerns outlined in the safe section of this report had not been identified by the provider. This put people at risk of receiving their medicines unsafely.
- The provider did not have a system to ensure people were lawfully restricted in line with requirements of the Mental Capacity Act 2005.

We found no evidence that people had been harmed however the provider had failed to monitor and improve the quality and safety of the service to ensure people were safe. This placed people at risk of harm. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had resigned her position and left the home in October 2022 and had applied to deregister with CQC. The deputy manager had stepped into the managers role while the provider tried to recruit a new manager. In December 2022 the registered manager had agreed with the provider to come back to the home to cover while the deputy manager took a period of planned leave. The registered manager deregistered with CQC on 19 December 2022.
- The nominated individual was actively recruiting a new manager. After the inspection they made us aware they had not been successful and the registered manager from the providers other home would be applying to add Elmwood Residential Home Limited to their registration. This was so they could address the areas of concern we identified and to create stability while the right new manager was recruited. We were told that they had also promoted 2 team leaders to increase the management cover.
- Senior staff were aware of their roles and were learning from the registered manager additional responsibilities they had taken on. For example, the provider has a legal obligation to submit statutory notifications when certain events, such as a death or injury to a person occurred. The registered manager

was working with staff to understand these needed to be submitted as one had been missed. A senior carer told us, "My role as senior is to make sure all staff and the residents are safe, that dignity is met and that their choices are met. If a resident was usually jolly and happy, she would ask them what was wrong."

- Staff said they were well supported by the deputy manager and had confidence in her but said "With her own role it is a big ask to do both...she works really hard."
- The registered manager and deputy manager had an open-door policy and people, relatives and staff were confident about approaching them. People and their relatives knew the registered manager and deputy manager well and spoke positively about them. Comments included, "I could talk to them both", "... even the trivial things they are willing to listen" and "There are two of them. (registered manager and deputy manager), I can talk to them." One person expressed concern about the current management issues at the home. They told us, "My concerns are from the management point of view. Having to find a replacement for (registered manager) and the chef has retired. They are at sixes and sevens. We are not in a stable position at the moment."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff worked well with health and social care professionals to ensure people received appropriate care in a timely way. Feedback was good from a visiting GP, who told us, they visited the home weekly and were always contacted appropriately by the staff at other times. They said when they visited, the most senior member of staff accompanied them. They said the home always seemed well staffed, well equipped and was always clean and staff were cheerful and friendly, and they had no concerns at all.
- The GP confirmed people had a medicine review every year which involved the pharmacist and pharmacy technician. The community nurse team said they were contacted appropriately as needed.
- The atmosphere was relaxed and welcoming; people enjoyed the company of staff, each other, and regular visitors.

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

- Where mistakes were made, the nominated individual was transparent and acknowledged failings and omissions. They sought to make improvements and reduce the risk of repeated mistakes and improve the service.

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 provider had failed act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice where a person lacks mental capacity to make an informed decision or give consent.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured risks were assessed for the health and safety of people using the service.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to monitor and improve the quality and safety of the service to ensure people were safe. This placed people at risk of harm.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff had received appropriate training and had the knowledge required to carry out their role safely.

