

# Bath and North East Somerset Council

# Combe Lea Community

# Resource Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Combe Lea Community Resource Centre is a residential care home, providing regulated activities accommodation for persons requiring nursing or personal care, to up to 30 people. The service provides support to people with dementia, older and younger adults and people with a physical disability. At the time of our inspection there were 24 people using the service.

Combe Lea Community Resource Centre is a purpose-built care home, the service is laid out over three floors that are accessible via lift or stairs. Living accommodation is found on the first and second floors, where people have access to communal lounges and dining areas. Bedrooms have en-suite facilities and there is level access to well-maintained outdoor spaces. The registered manager's office is located on the ground-floor.

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

People were placed at increased risk of avoidable harm because the provider failed to act, and rectify fire safety shortfalls identified in October 2020. We contacted the local fire service about these concerns, who visited the service and planned a full audit. Sufficient numbers of staff were deployed across the service to meet the needs of people. We found transdermal patches were not always rotated in line with manufacturer instructions, and staff had not always assessed the efficacy of 'as required' medicines. There was no oversight of safeguarding in the service, however, staff spoke positively about how they would identify abuse and what they would do if abuse was witnessed or suspected. We were assured the provider had implemented measures to help prevent the spread of infection.

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.

Audits and checks had not always been used effectively to identify shortfalls, including in relation to fire safety. There was no provider oversight to ensure sufficient scrutiny of care provision, and to help consistently drive improvement. The service was person-centred, inclusive and staff worked in partnership with others to support people to live their lives. The management team was aware of their responsibility to act openly and honestly when things went wrong.

Staff received training, supervision and appraisals to ensure they had the correct skills and knowledge to support people in the service. The premises was purpose built and designed to meet the needs of people requiring residential care. The GP visited weekly, and staff worked with external professionals to meet people's needs. People were supported to eat and drink enough.

People told us the staff who supported them were kind and caring, relatives confirmed this. We observed kind and caring interactions between staff and people throughout our inspection. People were supported to

express their views and their privacy and independence was respected.

People were supported to maintain relationships important to them and avoid social isolation. Staff were receiving training to help them provide end of life care effectively when needed. At the time of our inspection, no end of life care was being delivered. The provider had not received any recent complaints, there was a complaints process in place for people to use if they needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

**Rating at last inspection** This service was registered with us on 01 October 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 03 May 2018.

#### Why we inspected

We undertook this inspection because the provider had recently changed, and we received information about medicines errors.

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.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. We have identified breaches in relation to safe care and treatment, the Mental Capacity Act and governance at this inspection.

In response to concerns we raised about fire safety and the Mental Capacity Act, the senior management team attended the service on the second day of this inspection to discuss our concerns and plan what actions they would take to drive improvement.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Combe Lea Community Resource Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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 caring?

The service was caring.

Details are in our caring findings below

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

**Requires Improvement** ●

# Combe Lea Community Resource Centre

## **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

The inspection team was made up of one inspector, one bank inspector and one 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

Combe Lea Community Resource Centre 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. Combe Lea Community Resource Centre 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### 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 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. We used all this information to plan our inspection.

#### During the inspection

We reviewed various records in relation to the running of the service, including recruitment files, health and safety checks and six care plans. We toured the premises and spoke with staff, including the deputy managers, care staff and senior care staff. We spoke with 19 residents and three relatives

#### After the inspection

We spoke with six relatives and continued to receive information from the management team. We made a referral to the local fire service in relation to fire safety concerns we identified 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.

This is the first inspection of this newly registered service. This key question has been rated 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

- The provider could not be assured people were consistently protected from the risk of avoidable harm.
- We found the provider failed to act and rectify fire safety shortfalls identified by a risk assessment commissioned in October 2020. For example, one area continued to be used for storage despite the risk assessment stating, "Area should not be used for storage." We also found self-closing doors identified as broken, had not been fixed at the time of our inspection. Self-closing doors operate in an emergency, helping to contain fire during evacuation.

### Using medicines safely

- Medicines were not always managed safely.
- When people were administered transdermal patches, records did not always show staff followed manufacturer guidance in relation to patch rotation. For example, one person was prescribed a patch which was changed weekly. Manufacturer guidance stated the patch should be rotated to alternate skin sites for three to four weeks. However, patch records completed by staff showed the patch was rotated between two sites.
- Protocols were in place for people administered 'as required' (PRN) medicines. However, when these medicines had been administered, staff had not documented the reasons why and the outcome. This meant the provider could not understand the efficacy of these medicines. For example, records for one person showed staff administered PRN medicines three to four times per day and the reason for administering was documented as, "pain." The 'outcome' column had been left blank.

People were placed at risk of avoidable harm because the provider failed to act and rectify fire safety shortfalls. There was an additional failure to ensure medicines were consistently managed safely. This is a breach of regulation 12 (2)(a)(b)(g) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In response to our concerns about fire safety, the senior management team attended the second day of our inspection. We requested an action plan in relation to fire safety, including information about what the service would do, and by when, to ensure people were protected from avoidable harm in the event of a fire.
- We raised our concerns about fire safety with the local fire service who undertook a visit and assessed the interim fire safety of the premises. The fire service planned to undertake a comprehensive audit of the premises shortly after our inspection and confirmed the alarm and sprinkler systems should mitigate the risk in the interim.
- We discussed our concerns about the management of PRN medicines with staff, who confirmed they

would liaise with the GP to explore if the cause of pain required further investigation, and if the person should be prescribed regular pain relief, instead of PRN.

- Prior to our inspection, the service had experienced issues with delayed medicines availability. The management team and staff told us this had improved; processes for monitoring stock balances and ordering replacement stock had been reviewed and amended. We saw there were ongoing records of stock balance checks that took place.
- Medicines were administered by trained staff who had their competencies assessed. Staff signed medicine administration records to confirm people received their medicines as prescribed.
- Some people had been prescribed topical creams and lotions. There were charts in place providing clear guidance for staff on where and when to apply these.
- Care plans contained risk assessments for areas such as skin integrity, falls, and malnutrition. When risks were identified, plans provided guidance for staff about how to reduce these risks. Risk assessments had been regularly reviewed.

#### Systems and processes to safeguard people from the risk of abuse

- There was no robust oversight of safeguarding in the service. Each individual safeguarding concern was logged in the person's folder; information was not pulled together in one place to enable the provider to monitor safeguarding, and identify potential themes and trends. A member of the senior management team confirmed this process would be implemented.
- We reviewed samples of how potential safeguarding concerns were managed by reviewing statutory notifications the provider submitted to us. We found the provider referred potential safeguarding concerns to the local authority safeguarding team, and took further actions as required.
- Staff spoke confidently about how they would identify potential indicators of abuse and what they would do if abuse was witnessed or suspected. Comments from staff included, "[I would] report abuse to the senior and the management. If the manager did nothing...I would contact CQC directly" and, "I would alert safeguarding (about potential abuse)."

#### Staffing and recruitment

- Staff were recruited safely. Checks were undertaken with the Disclosure and Barring Service (DBS) and references were requested from applicants' previous employers in care. DBS checks are important because they record who is barred from working in certain professions, such as adult social care.
- There were sufficient numbers of staff to meet the needs of people. For example, one person was assessed as needing two staff to support them with equipment, their relative said, "Mum has her own individual sling, they (staff) use a stand aid to transfer her. They always have two members of staff."
- We saw call bells were answered in a timely manner and staff were a visible presence on both units. One relative said, "If you need anyone [staff member], you can always find someone really quickly."

#### 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.
- People were supported to have visitors and take visits away from the service. We observed visitors to the service wearing masks and there were options to use outdoors spaces for visits if people wished.

#### Learning lessons when things go wrong

- When things went wrong, lessons were learned. For example, minutes of staff meetings we reviewed showed relevant information was shared with staff and where appropriate, staff were supported with training and supervision.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Consent to care was not always sought in line with guidance and regulation; when people were unable to consent, mental capacity assessments had not always been completed and best interest decisions had not always been documented.
- Some people had sensor alarms in place which would alert staff when the people moved around their rooms. People's capacity to consent to this had not been assessed. There was nothing documented to show how the decision had been reached, or if it was the least restrictive option.
- We looked at the records for one person who received their medicines covertly. This is when medicine is disguised in food or drink. Documents did not record the person consented to this or had been involved with a capacity assessment. Additionally, records did not document how the decision had been made, why it was in the person's best interests, and who had been involved, or invited, to support the decision-making process, such as a pharmacist or relative.

The provider failed to consistently work in line with requirements of the Mental Capacity Act. This is a breach of Regulation 11(1)(3) (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, we discussed our concerns regarding mental capacity assessments with deputy managers, who confirmed they would rectify the shortfalls we found.
- When required, Deprivation of Liberty authorisations had been sought. There was a tracker in place to

monitor the progress of applications.

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

- We looked at the plan for one person with diabetes and could not find any guidance for staff about the signs and symptoms of high or low blood sugar, or what action staff should take if this occurred. This meant there was a risk staff may not know how to respond to such an event. The deputy managers said this information had been available previously and said they would ensure it was available in the future.
- People's needs and choices were assessed prior to them being admitted to the service. Assessments allowed members of the management team to introduce themselves, document people's preferences and identify care needs.
- Information was available for staff about how people should be supported to maintain oral hygiene, and records show people were supported to access local dentists.

Staff support: induction, training, skills and experience

- All staff new to the service were required to complete the induction programme. The management team had recently reviewed and updated the programme to ensure training remained relevant to staff, and the people they supported.
- The provider supported staff to complete the Care Certificate. The Care Certificate is a recognised set of standards that all staff new to care should complete.
- Staff received training relevant to their roles. Records we reviewed showed staff received face to face training in relation to safeguarding, moving and handling and basic first aid. Additional remote learning was available and linked to the people's needs.
- Staff were supported to develop their skills through supervision, competency checks and appraisals.

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

- People were supported to eat and drink enough.
- Some people were having their food or fluid intake monitored as they were at risk of malnutrition or dehydration. Records showed these people received a good intake.
- People's preferences about what they liked to eat, and drink had been recorded. This information was also provided to staff working in the kitchen.
- When people required additional support to eat or drink, guidance was available. For example, one person's care plan stated the person needed staff to cut their food up, but could eat independently. In another person's plan, it was documented the person often said they weren't hungry, but when provided with a plate of food, they would eat it.
- We saw and heard people being offered regular drinks and snacks throughout the day. People were asked their preference. We overheard one staff member offer people biscuits with their drink. They said, "You choose which one you want. Go on, help yourself to another."

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

- People were supported to access healthcare and support services when they needed to. For example, the GP visited weekly and staff confirmed they had a positive working relationship with the local surgery.
- The district nurse team visited regularly to support people with additional health needs. Staff said they felt able to ask for advice if needed.
- The service worked with a local hospital supporting people with care needs to transition home, or to a more appropriate setting.

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

- The environment was purpose built to support people who had assessed care needs. For example, underfloor heating was used in place of wall mounted radiators, to remove the risk of burns, and windows were restricted to help prevent falls from height.
- All bedrooms were en-suite. People could personalise their bedrooms with ornaments and pictures if they wished. We saw some people had chosen to do this.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 staff were kind and caring. Comments from people included, "They [staff] are helpful and kind" and, "Staff are very nice, will talk to me; the staff are caring and kind."
- Relatives told us staff treated their loved ones kindly. One relative said, "My mother's a Duchess, they give her one to one attention, she's as happy as a lamb there. They [staff] are very friendly, can't do enough for the residents" and, "Mum's happy there...they [staff] are kind and caring."
- We observed kind and caring interactions between staff and people. For example, staff bending down to talk with people at eye level, and eating lunch with people.
- We saw staff sat with people and having meaningful conversations. During an armchair exercise session, we observed staff sat with people, participating and encouraging people to join in.
- People's equality and diversity characteristics were respected. For example, the recently appointed activities coordinator had supported people to sing hymns relevant to their religion while the service worked to re-build relationships with local religious organisations.

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

- Staff supported people to make decisions about their day to day care. For example, staff spoke about how they supported people with dementia to choose what they wanted to wear, by presenting garments for them to see, and point at.
- We received mixed comments from people and relatives about their involvement with care planning. Comments included, "Family were involved with the care plan" and, "We have not been involved with a care plan." Care plans were reviewed regularly.
- People were supported to communicate their views. For example, staff identified communication barriers with one person, and downloaded an application to help them communicate with the person.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected and their independence was promoted.
- We observed staff knocking prior to entering people's bedrooms and staff spoke about how they supported people with their independence, for example by prompting people rather than completing tasks on their behalf.
- Records showed people were asked for their preference in relation to having a key to their bedroom, and whether they preferred the door to be open or closed.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they had choice and their preferences were respected. Comments from people included, "Staff treat me very well, they are always here if I want them .. I get up and go to bed when I want to" and, "Food is good and you get a choice."
- Care plans were person centred and included information about people's choices and preferences, such as people's preferred time for getting up and how they like to spend their time.
- People's preferences regarding personal care were documented. In one person's plan it was written, "Likes to wash with perfumed products...may decline at first, so staff should come back and encourage [them]. Prefers a shower, although can get anxious when first getting in."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and care plans contained guidance for staff about how to meet these needs. For example, in one person's plan it was written they wore hearing aids, but confirmed, "I hear well when staff are facing me."
- When people wore glasses or hearing aids to assist with communication, there was guidance in place for staff to ensure these were clean and working properly.

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

- People were supported to maintain relationships that were important to them.
- We observed visitors spending time with people on both days of the inspection. People had access to computers, the internet, and were able to use the telephone to maintain relationships important to them.
- The service had recently appointed an activities coordinator who was developing the activities provision in the service. A visit was planned with a local expert to discuss local heritage, and a dog visited the service to spend time with people. One person we spoke with said they really enjoyed spending time with the dog.

Improving care quality in response to complaints or concerns

- The service had a policy for people to use if they wished to make a complaint, suggestion or provide

feedback. The same policy provided details of external organisations able to support people with their complaints if needed.

- The registered manager and management team were accessible on-site if people wished to raise concerns in person.
- The provider had not received any recent complaints. One relative said, "I've got all the numbers to ring, if I have any issues."

#### End of life care and support

- At the time of our inspection no one was receiving end of life care.
- The management team had recently contacted the local hospice and arranged end of life care training to ensure staff had the skills and knowledge to provide end of life care.
- At the time of our inspection, the service was implementing ReSPECT forms. The ReSPECT process creates personalised recommendations and plans for future care and treatment, should a person be unable to make or express choices. These recommendations are created through conversations with people, their families, and health and care professionals.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Service level audits and checks had not always been operated effectively to identify shortfalls, errors and omissions. For example, the provider failed to identify actions had not been taken to rectify shortfalls identified in the fire safety risk assessment completed in October 2020.
- Provider level checks and audits were not being undertaken. This meant the provider could not be assured the quality and safety of care provision was being sufficiently scrutinised.
- Records did not always show what actions had been taken in response to accidents and incidents, to prevent a recurrence. Additionally, information was not recorded to show that further action had been considered, and discounted. This meant the provider could not be assured they were consistently and effectively working to improve the safety of care provided.

Governance systems were not always operated effectively to identify shortfalls, records did not always show what actions were taken in response to accidents or incidents, and provider level checks were not being operated to ensure sufficient scrutiny of care provision. This is a breach of Regulation 17 (1)(2)(a)(b) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A recently appointed maintenance person had introduced additional health and safety checks to identify issues with equipment. For example, routine checks were undertaken to ensure wheelchairs were undamaged and in safe condition.
- There was a clear staffing structure and staff were aware of their roles. The registered manager was supported by two deputy managers, senior care staff and care staff. Comments from staff included, "We work so well as a team; we know each other's weaknesses and strengths. I get a lot of support from my manager" and, "The team are really supportive."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff promoted a positive culture and person-centred care. Comments from staff included, "I love the residents. I work along the lines of I would like these people looked after how I would like my parents looked after" and, "Love the residents and love getting to know them."
- Records we reviewed were person-centred and reflected information that was important to the person, including significant relationships and goals the person had for the future.



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

- Surveys about the quality of care provision were available adjacent to reception, and the management team operated an open-door policy so relatives and people could feedback when they wished.
- Relatives and people were supported to express their views during meetings facilitated by the management team. Comments included, "We attend the relative meetings" and, "Attended a relative meeting two weeks ago."
- Signs in the dining room informed people of, "Meet the cook." During these meetings, people were provided with opportunities to feedback about food provision in the service.

Working in partnership with others

- People told us the service worked in partnership with others to support them to live their lives. One person said, "Every six weeks I go downstairs to the hairdresser and chiropodist."
- The activities coordinator had recently supported people to attend a coffee morning with a similar service close by. This was an ongoing arrangement so people had more opportunities to meet and socialise with others.

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

- The management team was aware of their responsibility to act openly and transparently when things went wrong.

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 failed to consistently work in line with requirements of the Mental Capacity Act.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were placed at risk of avoidable harm because the provider failed to act and rectify fire safety shortfalls. There was an additional failure to ensure medicines were consistently managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not always operated effectively to identify shortfalls, records did not always show what actions were taken in response to accidents or incidents, and provider level checks were not being operated to ensure sufficient scrutiny of care provision.