Westholme Care Home Limited

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Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Westholme Care Home is a residential care home providing personal care to up to 26 people. The home consists of two large houses converted to one large home over three floors. The kitchen and laundry facilities are on the ground floor. There are a number of communal rooms including lounges, conservatory, dining room and landscaped gardens. At the time of our inspection there were 23 people living in the home.

People's experience of using this service and what we found
The provider had recently purchased the home and was in the middle of large-scale renovations. This impacted on the accessibility of some services to assure good infection prevention and control including the use of a dedicated sluice room. Risks to people were not always well assessed and managed and people's medicines were not always administered as prescribed. We found staff were not always safely recruited or allocated to best meet the needs of people 24 hours a day, but we were assured there were enough staff and when required additional staff were used.

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. Where people lacked capacity, assessment for best interest decisions and Deprivation of Liberty Safeguards were not routinely completed to ensure those with authority consented to care and treatment where people themselves were unable too.

Staff supervisions and team meetings were generic and did not include the depth of information sharing required to support staff effectively. As a consequence, some poor practice around respecting people's dignity was undertaken. Discussions around end of life care had not been held and we were told people did not like to discuss this, action was required to evidence this was the case and information to ensure people had opportunity to be involved in the circumstances around their death needed to be captured.

The management team were aware of concerns and shared with us plans they had to make improvements. However, these were not captured in the completed audits and there was not an audit trail to evidence the work already completed. Records held to show the care and support delivered were not always contemporaneous accounts of support provided. This could lead to confusion when new staff or staff unfamiliar with people, supported the permanent staff team when delivering care.

Staff spoke positively of the new management team and shared with us how things had improved and continued to improve.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
The last rating for the service under the previous provider was Good (published 11 June 2019).

Why we inspected
The inspection was prompted in part due to concerns received about the environment. A decision was made for us to inspect and examine those risks. Due to the this being the first inspection of the new provider at this address a full comprehensive inspection was carried out.
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.

You can see what action we have asked the provider to take at the end of this full report.

We identified 5 breaches of regulations. We found no evidence during this inspection that people were at risk of harm from these concerns and when shared with the management team they began to take action to remedy issues. Please see all key question sections of this full report.
The overall rating for the service has changed from Good to Inadequate based on the findings of this inspection.
You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westholme Care Home Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have identified breaches in relation to safety including medicines management, infection control and risk management. Staff were not always safely recruited and when in post support provided was not always effective to ensure staff were competent. Support provided to people was not always provided considering people's dignity and consent was not routinely acquired when delivering care in people's best interest. Governance systems were in their infancy and did not identify concerns as detailed to us by the management team and records were not always complete. We also made 2 recommendations around gathering end of life preferences and the use and maintenance of the building.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not effective. Details are in our effective findings below.	**Inadequate**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
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**

Westholme Care 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
The inspection was completed by three inspectors.

Service and service type
Westholme Care Home 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. Westholme Care home 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 there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the information we held about the provider. Gathered information from other professionals working with the provider and reviewed information available in the public domain. We used all this information to plan our inspection.

During the inspection
We spoke with 11 staff including the registered manager and care manager, seniors, care staff, catering and domestic staff. We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We spoke with 7 people who lived in the home and 2 relatives. We reviewed recruitment files, supervision records and meeting minutes used to support staff. We looked at records used to show staff how to support people living in the home including medicine records and 9 care plans. We also looked at management information and observed care and support being delivered. We looked at the whole environment including communal areas and people's bedrooms. 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

Inadequate

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 inadequate. This meant people were not safe and were at risk of avoidable harm.

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

- Risks to people were not always identified or if identified were not appropriately assessed and where possible mitigated.
- We were told of specific conditions or concerns people had with their health which impacted their daily lives. When we looked at the available risk assessments for three people, the risks identified had not been assessed to inform effective risk management plans.
- On the day of the inspection one person was being supported by external health professionals. When we asked why, we were told the person suffered with frequent infections. There was no available information to support this in their care plan or risk assessments. When the external professionals had left, we spoke with the care manager who had not gathered any information to inform an updated risk assessment or care plan. This left the person at risk as staff did not have the latest information on how to support them.

When risks to peoples' health and wellbeing are identified these should be assessed and managed. Information on how to meet people's needs and reduce risks to their health and wellbeing should be available. When this is not completed, and information is not available this is a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Suitably trained staff were not always available to administer medicines safely. Records used to support safe administration of medicines were not accurately kept. This put people at risk of receiving medicines other than as prescribed.
- On the second day of the inspection we arrived prior to the commencement of the day shift and were greeted by night staff. When asked we were told that none of the night staff were trained to administer medicines.
- We reviewed the medicine administration records (MARs) and found information on them was not clear. This included the identity of the individuals, as some MARs did not hold information including a picture of the person or their room number. This increased the risk of medicines being administered to the wrong person.
- We looked at information held in the controlled drugs register. Controlled drugs are kept in a register and require more oversight due to risks associated with the strength or potential side effects the drug may have if administered incorrectly. We found the register was not kept in line with good practice and the register did not show correct procedures had been followed when managing controlled drugs. We reported this to the nominated individual in feedback and were told a new register was to be completed.

When medicines are not available to people as prescribed or are not managed in line with good practice this

is a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection
● We were not assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were not assured that the provider was using PPE effectively and safely.
● We were not assured that the provider was responding effectively to risks and signs of infection.
● We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were not assured that the provider's infection prevention and control policy was up to date.
● We have made a referral to the infection control team to support the home and have also signposted the provider to resources to develop their approach.

Visiting in care homes
At the time of the inspection the provider was not following the up to date guidance to allow visitors into the home without first testing for Covid-19. Visitors were still required to book to see their loved ones and people did not have named visitors who could visit at any time.

Procedures and safe practice were not in place to safely reduce the risks of infection and preventative measures were not developed. Visiting guidelines remained in place which may have impacted on some people receiving visitors in a way that met their needs. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was admitting people safely to the service.

Staffing and recruitment
● We reviewed the recruitment information for 6 staff and found information required by law was not always available. Schedule 3 of the Health and Social Care Act 2008 identifies documents, information and actions that should be taken to ensure safe and equitable recruitment of staff.
● When reviewing recruitment files, we noted interview information was sometimes missing application forms did not have a full employment history and on one occasion a staff member had been in employment without an enhanced DBS check. 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.

When staff are recruited to post without the required Schedule 3 information in place it is a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We had concerns about the number of staff on duty and requested to see the dependency tool used. The tool did not calculate the number of staff required to meet people's needs.
● We discussed the staffing on duty with the registered manager who assured us that staffing was discussed daily and if more staff were required to meet changing needs they would be added to the rota. This included when someone reached the end of their life as a senior staff member would spend time with the person on a one to one basis until they peacefully passed away.

Systems and processes to safeguard people from the risk of abuse

● The provider had a procedure in place to safeguard people from abuse and staff we spoke with were knowledgeable about when to report concerns.

● We saw the provider investigated concerns and completed analysis on when things went wrong to reduce risks of reoccurrence.

● The provider made referrals to the local authority safeguarding team as required to keep people safe.

Inadequate

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 inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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 looked at 9 care plans and found information required to support people under the MCA was mostly missing.
- Where people lacked the capacity to consent to the use of a bed rail to keep them safe, assessment and best interest decisions are required to ensure the restriction is lawful. These were not in place. We discussed this with the registered manager who assured us they would be completed.
- When we looked at the available consent to care documentation these were not correctly completed when the person lacked capacity to consent. The form had mostly been signed by staff stating the person had given verbal consent. Where people who lacked capacity had a power of attorney for care and welfare it is them who should be consenting to the care their loved one received.
- When we looked across care plans, we found information around people's capacity was contradictory.
- We looked at the available DoLS applications and authorisations and found they were not all in place. We were forwarded additional applications and assured that those people living with dementia would be assessed to determine if further applications were required.

When the principles of the Mental Capacity Act are not followed people may not be protected and decisions around their care may not be in their best interest. This is a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

● We looked at the personnel files for 6 staff and the supervision and appraisal records for all staff working at the home. Whilst staff told us they felt supported, formal recorded support and evidence of competence was limited.
● Of the personnel files we reviewed, 4 staff had begun employment in 2022, 2 had since left. There was varied information of the induction those 4 staff received and no evidence that they had completed The Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
● We looked at the supervision records for staff and found the new starters had not received supervision as part of their probationary period. All supervision records contained the same limited information and appeared to be a process by which management could ensure certain information was shared with staff, rather than a process of staff support and growth.
● We looked at the training supplied to staff at the home and found nearly half of the staff employed by the home were not on the training matrix. This meant we could not assure ourselves they had received any training for the role they were undertaking.
● Staff that had been trained in medicines had not always had their competency checked in this area before they were administering medicines to people in the home. There was also no available fire marshal training for staff.

When effective steps are not taken to provide staff access to appropriate training and supervision to ensure they are competent in their expected role this is a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs
● The provider had owned the property for 9 months at the time of the inspection. In that time, they had begun extensive renovation works including the refurbishment of bedrooms. However, the scheduling, safety and maintenance of the building had not been assessed to ensure the building met the needs of the people living in the home, whilst the renovation works were taking place.
● Whilst renovation works were being completed hallways were restricted due to storage of excess furniture, including beds and mattresses. Building materials including flooring were stored in communal areas which people could still access.
● The home did not have a dedicated sluice and commodes were being emptied and cleaned in people's bathrooms or the communal toilet. Building of a sluice began during the inspection and we were told we would receive a photograph of it once completed. This has not been received by time of writing this report. We were concerned there were not enough amenities to support the people in the home and made a referral to the health and safety executive.
● Fire doors were propped open by furniture and fire signage had been removed during painting, we were not assured of the fire safety of the building and made a referral to the fire department who completed their own inspection. A fire safety matters letter was issued to the provider identifying the works required to bring the building up to standard.

We recommend the provider ensures they risk assess works to be completed ensuring the timing of the works is needs based and the completion of the works holds contingencies when required, specifically we recommend the advice and guidance from the relevant professional bodies is followed.

Supporting people to eat and drink enough to maintain a balanced diet
● People's dietary needs were assessed, and the chef was aware of those needs. Where required, people were supported by additional monitoring to ensure they received adequate nutrition and hydration.

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

- Where people's needs increased, and additional external support was required, the provider referred to specialist services.
- District nursing teams, occupational health and mental health teams worked with the home to meet people's needs

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

- Since the provider had taken over the home, they had begun using a new paper-based care planning system. Pre assessment information was gathered and used to develop plans of care.

Requires Improvement

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence
- On the first day of the inspection the care manager was informed the communal toilets did not have dignity locks to allow people the privacy to use the toilet as they wanted. These were still in place by the end of the inspection despite provider reassurance s they would be.
- Some people living in the home were incontinent and needed support with their continence. On the first day of the inspection we found a plastic container filled with underwear. The underwear was not named, and we were told it was used in the event of an emergency. We discussed this with the registered manager and the container was removed.

When procedures are not in place to maintain people's dignity and respect their independence this is a breach of regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring people are well treated and supported; respecting equality and diversity
- People we spoke with told us the home was nice and staff treated them well, one person said, "Its ok, Staff know me, and I get on with them fine."
- We saw staff and people in the home had good relationships and often heard laughter and banter between people and staff.
- Some people were living with dementia and we saw some staff engage with people well, reducing anxieties about their concerns.

Supporting people to express their views and be involved in making decisions about their care
- Whilst we saw little evidence in care plans of people's involvement, we saw staff engage with people and giving them choices about what they wanted to eat or watch on the television.
- Staff supported people to share their opinions, by asking questions and giving people options of where they would like to eat their meal.
- People were encouraged to developed friendships and we saw two people who shared a room were very close and communicated with each other in a way they both understood.

Requires Improvement

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 requires improvement. This meant people's needs were not always met.

End of life care and support

- Information on people's end of life choices and preferences had not routinely been gathered. We discussed this with the nominated individual and deputy manager and were told people didn't like to talk about it. Upon further discussion the deputy told us they felt confident they could begin to gather more information on people's wishes and needs at the end of their life.
- The provider was using a care planning system which had a number of templates for gathering information. Many of the templates for end of life care were either blank or contained minimal information.

We recommend the provider develops a sensitive approach to allow information on people's end of life preferences and choices to be gathered. This would allow people's end of life care to be delivered in the way they wished.

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

- We saw little evidence in care plans and people's records that they or their advocate were involved with developing and assessing their needs to ensure they were met in the way they choose.
- Templates for care and support often had space for signatures for family or people to sign to show they had been involved with developing their care plan. The signatures in these spaces were often those of staff to show they had written the plan of care.
- We saw some records in people's different care plans contradicted each other. For example, one person's room risk care plan stated the person stayed in bed. Their health details stated they mobilised with a frame. The information in both records had been written on the same day.

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.

- The recent pandemic had led to the provider developing new ways of communication with family members including the use of technology.
- Information was available in care plans about people's communication needs including if they used any aids such as hearing aids or glasses. One care plan stated a person who was short sighted didn't like to wear their glasses. We spoke with the person who confirmed this was the case.

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 was not an activity coordinator employed by the provider at the time of the inspection and staff attempted to run activities when they were able.

● We completed a short observational tool in the lounge area for 20 minutes on the second day of the inspection. We found the six people we observed did not engage with either each other or staff members for more than brief interactions. There was not any meaningful engagement or conversation that took place. We asked staff about the time they had to complete activities and were told it could be difficult to find the time.

Improving care quality in response to complaints or concerns

● A copy of the complaint's procedure was available on the notice board and people we spoke with were confident they would complain if they wanted to. One person told us, "If I've got something to say I will, they don't brush things under the carpet here, they get dealt with."

● Whilst the provider told us they did not have a record of complaints we saw when they were received, they were investigated and responded to.

Requires Improvement

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.

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

- The provider had bought the home 9 months prior to the inspection and had begun investing in the home. However, we found small tasks that impacted good person centred care had not been completed.
- There were orientation boards around the home sharing information including time, date, weather and the menu for the day. On the first day of the inspection these were not completed. Through the day they were completed with accurate information, but this information did not change for the following three days and only on the last day of the inspection they were again updated with the correct information.
- Staff we spoke with had not received formal supervision or been asked for their feedback on the service provided to people. Staff told us they could talk to management, but some were new to care and were not aware of the role and what should be available to support them. One staff member described to us a mental health condition one person lived with and how it influenced their understanding of the care the person needed. The staff member acknowledged they did not know what the mental health condition was and would benefit from some training in the area.
- Formal feedback had not been gathered from the people living in the home to ascertain they were satisfied with the service they received.

When records are not an accurate reflection of people's needs or the support delivered, and staff are not supported to improve the quality of services provided to people this is a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- The provider completed a suite of audits, but they were not completed effectively and did not identify any concerns. Audits were often not dated or did not detail the areas audited making it impossible to have effective oversight of services delivered.
- We inspected the service mid October 2022 and the audits for October had already been completed. We noted the care plan audit, audited one care plan but the name of the care plan was not recorded nor the date it had been audited.
- Medicines audits did not identify any concerns or issues but when we looked at the controlled drug

register it had not been completed correctly for some time. The night care audit stated all staff were trained in administering medicines, but we identified 10 occasions in two weeks in October where this was not the case.

● We spoke with staff about the records they kept and the information they had available to support people. We were told staff had not received any training on completing the records or understanding how the information available should inform how they delivered care to people.

● When we looked at records, we found they were not always an accurate reflection of a person's needs and were not updated to reflect recent changes in people's needs.

● The provider was using an electronic policy and procedure system which included templates for the risk assessments and care plans. All policies and procedures and care plans had the name of one of the providers other care homes.

When the provider does not establish and effectively operate systems to assess, monitor and improve the service, this is a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Statutory notifications were received by the Care Quality Commission.

Working in partnership with others

● The management team were responsive to concerns raised with them and began work on issues during the inspection. We made referrals to the fire department, health and safety team, medicines team and infection control team. The associated teams had visited the home and had told us the provider was responsive to concerns raised and open to the support provided.

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 10 HSCA RA Regulations 2014 Dignity and respect Procedures were not in place to maintain people's dignity and respect their independence 10 (1) (2) a,b

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The principles of the Mental Capacity Act were not followed and evidence was lacking to show decisions around their care were always made in their best interest. 11 (1) 3

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff were not always safely recruited. Schedule 3 information, used to support safe recruitment practices, was not always available. 19 (1) (2) (3) a