Roseberry Care Centres UK Limited

Harriets

Inspection report

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Date of inspection visit: 2 February 2015
Date of publication: 06/05/2015

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

Overall summary

We carried out an unannounced inspection on 2 February 2015. We did this to check whether the provider had addressed the breaches of the regulations which we identified at our previous inspections.

Prior to this inspection we visited the home on 28 August 2014, where we found that the provider was not meeting six of the regulations we looked at.

We issued Warning Notices requiring the provider to be compliant with Regulation 9, care and welfare of people who use the service, Regulation 10, assessing and monitoring the quality of the service provision, Regulation 12, cleanliness and infection control and Regulation 13, management of medicines.

Compliance actions were set for the remaining two breaches, which were; Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 - Meeting nutritional needs and Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 – Records.

Summary of findings

We carried out a further unannounced inspection on 18 November 2014 to check that the provider had addressed the breaches identified in the Warning Notices and the compliance actions.

We found that although the provider had met the requirements of Regulation 13, management of medicines, the three other Warning Notices had not been met. We also found that the compliance actions set had not been met either. We spoke with the service provider about the continuing breaches. They gave us assurances that these breaches would be dealt with effectively and quickly.

Two adult social care inspectors visited the home on 2 February 2015. We found that the provider had made significant progress in meeting the requirements of the Warning Notices and the compliance actions we had set previously. However, some areas of concern remain and the provider must continue to make the required improvements in order to become fully compliant with the regulations.

We spoke with two people living at Harriets Care Home, one relative, three care staff and the new, temporary manager. We met again with the provider following this inspection visit to discuss the improvements made and to discuss their plans for the improvements that were still required to meet the regulations. We also received information from social workers, the quality monitoring officer and the health protection specialist from Cumbria County Council. All reported that the service had made improvements.

Harriets Care Home has not had a manager registered with the Care Quality Commission since October 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Harriets Care Home provides care and accommodation for up to 41 older people some of whom may be living with dementia. On the day of the inspection there were 17 people living at the home.

We observed care and support in communal areas, spoke to people in private and looked at care and management records.

Between May and November 2014 the Care Quality Commission (CQC) had been alerted to a significant number of safeguarding allegations, accidents and incidents occurring at the home. The information we had about this service, including the findings of this inspection (February 2015) and comments from the local authority, showed a vast reduction in these incidents. There had also been changes to the management team at the home. The provider had appointed a temporary manager and a senior member of the organisation had been providing oversight on a daily basis.

We found that work had been carried out by the new manager to monitor and manage the instances of falls. This included reviewing people's care plans, risk assessments and ensuring staff were aware of their responsibilities of keeping people safe. Staff had been updated with regard to adult protection and safeguarding. However, we found that staff had not routinely been provided with training to help them support people living with dementia, including supporting people experiencing distress. This meant that people who used this service were placed at risk of receiving inappropriate and unsafe support.

We have made a recommendation about staff training on the subject of dementia.

We found that the processes in place for obtaining consent and assisting people with decision making was inconsistent and confusing. We found that staff had a lack of understanding with regard the requirements of the Mental Capacity Act.

Improvements had been made in the way the service managed infection prevention and control. Advice and staff training had been provided by the health protection specialist from the local authority.

We observed, and people told us, that staff treated them with kindness and respect. People were supported to maintain their independence and we saw many positive interactions between staff and people living at the home.

Summary of findings

We found a breach of Regulation 18 Health and Social Care Act 2008 (regulated activities) Regulations 2010 in relation to obtaining valid consent from people who used this service or their legally appointed representative.

The service was not effective because staff and management lacked understanding and knowledge with regards to decision making, consent and the Mental Capacity Act.

We found a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 because the provider had not ensured that the planning and delivery of care met the individual needs of people who used this service. This placed their welfare and safety at risk because not all staff had the knowledge and training in caring for people that were living with dementia.

We also found a breach of Regulation 5 Health and Social Care Act 2008 (Registration) Regulations 2010 because the provider did not have a registered manager in place at the home.

The provider needed to make improvements to the way in which the service was led. The home has been without a registered manager for over a year. The lack of a registered manager can impact on the quality of services people receive.

We found that the areas of “safe”, “effective” and “well-led” required improvement.

The information we held about Harriets Care Home identified that the service had a recent history of not providing safe care and support to people who lived at the home.

Although the provider has made significant improvements to the ways in which care and support are provided, we (CQC) will check the improvements are maintained and sustained in the long term.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Improvements had been made to help make sure people who used this service were safe. However, historically the service had not been safe and we will continue to check that safety is sustained.

The home was cleaned to a hygienic standard. Staff had received training with regard to infection control. We observed staff maintaining hygienic principles.

There was a sufficient number of staff on duty at the time of our inspection. However, staff did not have sufficient knowledge and understanding to support people who experienced distressed behaviour. This meant that people were, at times, placed at risk of receiving unsafe support.

Requires Improvement

Is the service effective?
The service was not effective.

The processes for supporting people with decision making and obtaining consent were confusing and unclear.

Staff lacked understanding of the Mental Capacity Act. This meant that the rights of people who used this service were not always acknowledged.

People received enough to eat and drink. Where concerns had been identified regarding people's dietary requirements appropriate actions had been taken to support and monitor these.

Requires Improvement

Is the service caring?
The service was caring.

People told us they were well cared for. We saw that the staff were kind and respectful towards the people in their care.

Care and support were provided when people needed it. Staff supported people with their personal care needs discreetly. Handling equipment was used correctly when this was needed. We heard staff explaining the use of equipment to the people they supported. This helped to reduce concerns and anxieties they may have had.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed and we saw evidence that family members and friends had been involved.

Good

Summary of findings

We asked staff about their understanding of people's care needs. We found that staff knew people well and followed the guidance recorded in people's individual care plans.

The service had a complaints procedure in place. We found that this was available to people who used the service as well as their families and friends. We found that complaints had been investigated appropriately by the home manager.

Is the service well-led?

Requires Improvement 

The service was not well-led.

The home did not have a registered manager.

We had raised previous concerns about the home with the service provider. We found at this inspection that the service provider had taken action to make improvements.

People told us that they had noticed improvements in the service and that the provider was trying to make things better.

A temporary manager was in post at the home, and we were told by people we spoke with that the management of the service was more "consistent". The provider told us that a new, permanent manager had been appointed. The provider told us of the plans that were in place to help ensure the new manager would be appropriately supported during their first few months in the role.

Harriets

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection to check whether the provider had carried out the required improvements to the safety and quality of the service identified following our visit in November 2014.

Two adult social care inspectors visited the home to carry out the inspection. We spoke with two people living at Harriets Care Home, one relative, three care staff and the manager. We also received information from and gained the views of social workers, the quality monitoring officer and the health protection specialist at Cumbria County Council.

We observed care and support in the communal areas of the home and looked around the home, including the bedrooms of eight people and the communal bathrooms. We reviewed a range of records about people's care and how the home was managed. The records we viewed included the care records of five people, the staff training records and the quality assurance audits that the manager had started to complete. We also looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of the Medication Administration Records (MARs), of five people living at the home.

Prior to our inspection visit we checked the information we held about Harriets Care Home. This included notifications sent by the provider and information that had been sent to us by the local authority. We also checked whether we had received comments from people who used the service or members of the public.

Requires Improvement

Is the service safe?

Our findings

We observed that staff did not leave communal areas unattended. We saw them keeping these areas free from obstacles that could cause trips and falls. When people needed support with their mobility, we observed staff attended quickly to help make sure people were safe.

During our inspection visit we observed sufficient numbers of staff on duty. This meant that people who used the service had their needs met in a timely manner. We observed that call bells were answered promptly and when people needed assistance staff were quickly on hand to provide this.

We were aware from the information we held about the service and from our contact with the local authority, that we had been previously alerted to a significant number of safeguarding allegations. The incidents had been mostly around people suffering falls, subsequent bruising or injury and unexplained bruising.

We found at this inspection (February 2015), that the provider had started to make improvements to help ensure people who used the service were safe. We took into consideration the history of this service and the fact that there had not been consistent management arrangements or a registered manager at Harriets since October 2013. Although improvements were evident, we will continue to monitor the service to ensure any improvements to safety are sustained.

The sample of care plans that we looked at identified that some people could, at times, present with behaviours that could be challenging. Although there were some instructions to help staff support people in these circumstances safely, the care plans did not provide sufficient information. One member of staff told us that they were given "good verbal information" about managing people who became distressed, but said that they (the staff) had not received any training on this matter. This meant that people were placed at risk of receiving care or support that was unsafe.

This was a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010.

During our inspection of the service we spoke to the manager about falls management and prevention. The manager told us that they had undertaken an audit of falls to try to establish why they had happened and how they could be prevented. The provider had also notified us of incidents where people had experienced a fall. We noted that these had occurred mainly during the night.

Risk assessments had been reviewed and updated. Staff had been made aware of the accident reporting and recording processes. We saw evidence in people's care records to show that these actions had started to be implemented in order to help identify and reduce the risk to prevent them falling. We saw that specialist equipment had been obtained and was used by people identified as being at risk of falling.

Our information also identified concerns with the way in which the service had safely managed infection control and prevention.

At our inspection of this service in November 2014, we had serious concerns about the cleanliness and infection prevention/control processes in place. At that time we found that the home had not protected people from the risks of infections.

The provider told us that new cleaning schedules had been developed and were in place. Checks were carried out to ensure cleaning took place as planned.

During our visit on 2 February 2015, we visited all areas of the home. We found the home to be clean, tidy and there were no unpleasant odours. We found that dining areas were clean and tidy. Dining tables had clean cloths on them and individual side tables had been properly cleaned.

We noted that the cleanliness and safety of communal bathroom areas had much improved. We found that staff mostly ensured bathrooms were cleaned and toiletries cleared away between each person's use. We saw that audits and checks had been carried out to help ensure these areas were kept clean and hygienic. We found toiletries had been left out in one bathroom. However, the housekeeper discovered them and ensured that they were returned to the owner and stored safely.

We spoke with the health protection specialist from Cumbria County Council. They told us about the recommendations that they had given the provider to help improve the way in which the service managed infection control. The health protection specialist confirmed that staff had all completed training to ensure their infection control and prevention knowledge was up to date.

Requires Improvement

Is the service safe?

We observed that staff wore protective clothing when appropriate and that they washed their hands before and after handling food or supporting people with their care needs. This demonstrated staff awareness of their responsibilities with regard to infection prevention and control.

A relative told us, "I am much happier with the cleanliness at the home now. I have noticed that staff wash their hands more often and the kitchen area appears much cleaner."

One of the staff that we spoke with said, "We have learnt from our mistakes. We are much clearer now about what we need to do. We have had good training to raise our awareness of infection control."

The information we held about the service showed that we had not been informed of any new safeguarding allegations following our last inspection in November 2014. We checked the staff training matrix and noted that all staff had received training to help them recognise abuse and abusive practices. The record showed that staff had also received some training with regard to whistle-blowing.

We spoke to staff about safeguarding procedures. We were shown the aide memoir and the reporting systems that had been put in place to help make sure concerns were reported and recorded appropriately. The staff we spoke with were able to provide a description of the process they would follow if they suspected anyone was being abused or treated inappropriately.

A member of staff that we spoke with thought that there were enough staff on duty "most of the time, particularly as we have a low number of residents." However, they also thought that an extra member of staff would be "very useful" at busier times, for example when people wanted to get up in the morning.

One person told us of an incident where their relative had to attend hospital during the night unexpectedly. They felt that their relative had not been appropriately supported and escorted. We spoke with the manager of the home and the provider about these matters. They assured us that the arrangements for escorting people to hospital would be checked and reviewed to ensure this did not happen again.

The service had been visited by a Care Quality Commission (CQC) pharmacist inspector, three times over the last year. The first two visits found serious concerns with the way in which people's medicines were handled. The last pharmacist inspection was carried out in November 2014. We found that significant improvements to the way medicines were managed had been made and that the provider had complied with the Warning Notice we had issued in October 2014.

During this visit (February 2015), we looked at a sample of the medication records and observed part of the medicines administration round. The medication records of one of the people we looked at had been reviewed and updated following a stay in hospital. The changes to their medication requirements had been clearly documented. This helped to ensure this person received the correct medicines and as their doctor had intended.

We looked at the arrangements in place to ensure medicines had been safely and securely stored. We spoke with the manager about a recent audit that had taken place by the dispensing pharmacy. This audit had identified some minor shortfalls. The home manager had prepared an action plan to ensure these matters were addressed quickly. We found that people's medicines continued to be managed safely and appropriately.

Requires Improvement

Is the service effective?

Our findings

One of the people we spoke with during our visit to the home told us they thought "the staff know what they are doing" in relation to their care and support needs.

Another person told us that they were "comfortable here." This person also commented "The food and drink here are very nice and I get sufficient. The staff got the dietician in too, to help me with my weight loss."

A relative told us, "They (staff) have been monitoring my relative's weight. My relative has started to put a bit of weight on now."

On our arrival at the home, people were still eating breakfast. We noted that people were able to choose their breakfast from a wide variety of food, including a cooked breakfast. We also saw the service of the lunchtime meal and that snacks and drinks were served throughout the day. We saw that there were enough staff on hand to assist people with eating and drinking where needed.

We observed at various times during the day, that people were offered plenty of drinks, both hot and cold. Cold water and fruit juice were available throughout the home for people to help themselves to if they wished.

We found that people who used this service had received an assessment of their nutritional needs. The information from the assessments had been transferred to people's care plans. The plans included important information such as special dietary or medical needs and the use of specialised equipment to help maintain independence. Where people had been identified as being at risk of poor nutrition or hydration, food and fluid diaries had been put in place and body weights had been monitored. This helped staff to identify the need to involve healthcare professionals such as the dietician or speech and language therapist in a timely manner. We observed that staff followed the instructions and guidance recorded in people's care plans.

People told us, and this was confirmed by the records in their care plans, that they had access to a variety of other health and social care professionals. For example GP's community nurses, social workers and podiatrists.

The provider had not made any applications under the Deprivation of Liberty Safeguards (DoLs) for any of the people that used this service. However, on all the files we looked at we found that requests for standard authorisation forms had been completed but never submitted to the supervisory body for assessment. We asked the new manager to follow these up and check whether the referrals were necessary.

The care records we looked at contained unclear and confusing information about consent. We found that people had received an assessment of their capacity to make decisions regarding their wishes and daily lifestyle. The assessments followed the Mental Capacity Act code of practice but this was not reflected in the way the home had sought consent from the people who used the service.

We found that consent forms, including those in respect of managing people's medicines and access to medical records had been signed by family, friends, the person themselves or a combination of all. We did not see any evidence to confirm that family and friends had the legal right to give consent or make decisions on behalf of people who used the service. When we asked staff about this matter, they were unsure about this too.

In one of the care files we looked at, we saw that the person's GP had agreed to them receiving their medicines covertly. However, there was no indication that this had been agreed appropriately and in line with the Mental Capacity Act guidance.

The gaps in records and staff knowledge did not demonstrate that the provider had properly trained their staff in understanding the requirements of the Mental Capacity Act. This meant that the rights of people who used this service were not always appropriately acknowledged and respected.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We observed staff using good techniques when assisting people with their mobility, particularly when using equipment such as the hoist. Staff spoke to the person they were helping and explained what was happening. They worked together effectively and helped to reduce the anxieties of the person they were supporting.

We saw evidence of a senior care worker having improved their knowledge and skills by completing a moving and handling assessor's course. This helped to make sure staff worked safely and people who used the service were supported with their mobility appropriately.

Requires Improvement

Is the service effective?

All of the staff we spoke with during our inspection confirmed that they had undertaken various training courses since our last visit. They told us of training that had been planned for the not too distant future and they told us of areas where they thought they would benefit from further training. The manager provided us with a copy of the staff training matrix. This showed the training that each member of staff had completed and identified where refresher or updated training was required. We noted that staff had been invited to attend a dementia awareness training course. This was on a voluntary basis and staff had not been required to attend. We spoke to the manager at the home about this at the time of our visit.

The dementia guidance issued by the National Institute for Health and Care Excellence (NICE) says that health and social care managers should ensure that all staff working with older people should have access to dementia care training that is consistent with their roles and responsibilities.

This is particularly important when a provider states they can provide care and support specifically to people living with dementia.

The manager at the home spoke to us about the training plans and the plans in place for staff supervision and appraisal. We noted that the supervision programme had commenced and the staff we spoke with confirmed that this was the case. Staff also told us that they had regular meetings with the manager.

We recommend that the service finds out more about training for staff based on current best practice in relation to the specialist needs of people living with dementia.

Good

Is the service caring?

Our findings

One of the people that lived at Harriets commented, “I am very comfortable here. The staff take care of me even during the night. They come in at night and make sure I am turned over in bed.”

A visitor to the home told us, “I can’t complain about my relative’s care. It has been very good. The staff make sure she is always clean and wears clean clothing.”

We spent time during our inspection of this service in the communal areas. We observed staff supporting people who lived at the home. Staff treated people with kindness and respect. They attended to people’s requests promptly, but also spent time just chatting with the people who used the service.

We noted that when people needed help with their personal care, staff assisted them discreetly, out of the communal area and into their own private rooms. When equipment such as the hoist was needed, we heard staff explaining the use of the equipment to the person they were supporting. Staff were mindful of respecting people’s dignity, particularly at these times.

Everyone living at the home had their own private room. We saw that people were able to furnish their own room with items of personal furniture, photographs and mementoes, which helped give a more homely feel to their private living space.

Relatives and friends were able to visit at their preferred times. People who used the service were able to see their visitors in one of the communal areas or in the privacy of their own room.

The dementia care unit was decorated and equipped to help people living with dementia, remain as independent as possible. Special signage was in place and the use of colour helped people in this part of the home to remain orientated. We saw that “memory boxes” had been put in place outside people’s rooms. The boxes contained personal items and photographs to help people recognise and locate their own bedroom independently.

At the time of our visit there was no one at the home requiring end of life care and support.

Good

Is the service responsive?

Our findings

The manager told us of a new initiative that was being introduced at the home where a different person was selected each day to be the "resident of the day". The manager showed us examples of how this had worked in practice. During the day the person would have their care plans fully reviewed with them and updated if necessary. The person was able to choose any meal they liked and their room would receive a deep and thorough clean. This was in the early stages of being introduced but staff were able to provide an explanation of the system and could see the benefits of this project.

The sample of care records we looked at had been reviewed and updated. They were mostly written in a person centred way and included detailed information about the person's life history. We noted that people's families and friends had been involved in the development of people's care and support plans, particularly where people had communication difficulties or were living with dementia. This meant that important information about people's preferences was not overlooked.

Care records included an overview of the person's individual needs, wishes, likes and dislikes as well as relevant medical information. This overview had been designed to provide information quickly and "at a glance" when people needed to move between services. For example in the case of admission to hospital.

The staff that we spoke with during our inspection visit were able to tell us about people's care and support needs. We observed staff supporting people who used this service and we saw that they followed the guidance recorded in their care plans. This meant that people received the support they expected when they needed it and that it was provided in a safe way.

An activities coordinator was employed at the home but was not on duty at the time of our inspection visit. However, we saw evidence to confirm that there was a formal programme of activities available at the home, should people wish to join in. We also observed that people were encouraged and able to enjoy their own entertainment by reading, listening to music, watching TV or completing puzzles, for example. After lunch we observed an impromptu singing session that was enjoyed by staff and people who used the service.

We looked at the way in which the provider dealt with comments, concerns or complaints. The provider had set procedures for dealing with complaints and we found that this was accessible to people who used the service and their families or friends. The manager told us that they had received one complaint since they had taken up their position at the home. We looked at the way in which this had been dealt with. We found that the procedures had been followed and that the complaint had been fully investigated. The manager had provided the person raising the complaint with details of the findings and the outcomes.

Requires Improvement

Is the service well-led?

Our findings

The provider is required to have a registered manager at the home. However, Harriets has been without a registered manager since October 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service. We discussed this matter with the provider following our inspection of this service.

This is a breach of Regulation 13 of the Health and Social Care Act 2008.

Since October 2013 there had been a number of changes to the management arrangements. In December 2014 the provider brought in a temporary manager to manage the home until a new, permanent manager could be recruited. The provider told us that this manager had a proven track record of managing services and making improvements where these were needed. Our inspection of the service in February 2015 found that the manager had indeed started to make improvements and changes to the way in which the home operated.

A relative we spoke to told us that they had been "worried and concerned" about the home following the CQC previous inspections. They also told us that more recently they had "Noticed some positives and they (the provider) appear to be trying to make things better. They have brought in a trouble-shooter manager. The new manager has met with relatives and residents and told us that they are determined to put things right."

The social workers we spoke with told us that they had also noticed an improvement in the service. The number of concerns and safeguarding allegations had reduced and they said, "we are more confident that Harriet's are showing signs of improvement."

The staff we spoke with during our visit commented on the improvements at the home over recent weeks. They told us that meetings with the provider and the manager had been held, that they had received supervision and that this had identified gaps in their skills and knowledge.

One of the staff told us that the manager was arranging training updates and had already carried out some training with them. They said, "I have noticed the improvements in documentation and I am more confident and have a better understanding of completing them now."

Another member of staff commented, "It is more settled here now with the new manager. The consistency of management has much improved. Care staff are more relaxed and the new manager is very approachable. Things have improved for the better."

We spoke to the manager during our visit to the home. They told us about some of the changes they had started to make. The manager told us about and showed us examples of some work and training that had been done with the care staff in an attempt to change the cultures at the home. Staff meetings had started to take place and staff support and supervisions were underway. Senior care staff had been allocated specific responsibilities, which had helped to improve their confidence and demonstrate they were valued members of staff.

Meetings with relatives and people who used the service had been held. The meetings were to keep people up to date with what was happening at the home and to allow people to provide comments and feedback. There were plans for future meetings to be regularly held to carry on this work. The manager told us that relative's meetings would be held at different times of the day so that everyone had the opportunity to attend one of them. For example, one held in the afternoon and then repeated in the early evening so that relatives who may work during the day still had the opportunity to attend.

The manager had provided us with an action plan setting out how and by when further improvements to the service would be made. We spoke to the service provider about this action plan. They assured us that they had oversight of the action plan and would be closely monitoring the implementation of the improvements. They agreed to send us a weekly update to help us monitor progress and improvement.

The provider and the manager reviewed the action plan weekly noting where improvements had been achieved and where further work was required. The relatives and service user meetings provided a platform for people to have a say in the way the home was operated.

The provider also told us that a new manager had been appointed for Harriets Care Home. They told us that the new manager would be supported in their role by the current manager for at least a three month period. This was to help ensure the improvements at the home continued as planned.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **Planning and delivery of care did not meet the individual needs of people who used this service. Their welfare and safety was placed at risk.** **Regulation 9(1)(b)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **Suitable arrangements were not in place for obtaining and reviewing consent from people who used the service.** **Regulation 18**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 5 HSCA 2008 (Regulated Activities) Regulation 2010 Requirement where the service provider is a body other than a partnership **The service provider did not have a registered manager.**