

Mr Clarence Leo Vaz and Mrs Caroline Ann Vaz
trading as Parklands Nursing Home

Parklands Nursing Home

Inspection report

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Website: N/A

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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?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Parklands Nursing Home is situated in a residential area, just outside Milton Keynes and provides nursing care and support for up to 30 older people, who may also be living with dementia. Four of the bedrooms at the service were double rooms, which were only occupied by one person; therefore the maximum number of people who could receive care was actually 26. When we visited there were 23 people living in the service.

The inspection took place on 15 October 2015.

The service had a registered manager. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Staff recruitment files were inconsistent and some lacked key pieces of information. Staff had been recruited safely, but records did not always support this. Staffing levels were variable and reduced at weekends.

Some parts of the environment were not maintained sufficiently to ensure that people were not at risk of accidental harm. Risk assessments for people were however, in place.

People's consent to care and treatment was sought by staff whilst providing support, however this was not always evidenced in people's care records.

Staff knew and understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Records showed that mental capacity assessments were not always carried out when supporting people to make decisions. Where necessary, applications had been made under DoLS to the local authority.

People and their families were not always involved in planning and review people's care. Care plans were task-focussed and didn't provide a person-centred approach.

Staff respected people's privacy and dignity, however, it was not clear if some aspects of their care, which involved privacy and dignity, had been discussed with them.

The service had quality audit systems and checks in place; however they had failed to highlight areas for development and were therefore not effective.

Staff had been trained in, and had a good understanding of the principles of safeguarding and incidents and accidents were managed effectively.

People's medication was administered, stored and disposed of appropriately.

Staff received regular training and support to provide them with the skills they needed to care for people appropriately.

People received a healthy and balanced diet at the service and were able to choose what they wanted to eat each day.

The service supported people to access health professionals if they needed it, both in the local community and within the service itself.

There were positive and mutually beneficial relationships between people and members of staff. Staff treated people with warmth and compassion.

The service had established systems to obtain feedback from people and their families regarding the care they received.

There was a positive atmosphere and culture between people, their families and members of staff. All knew who the registered manager was and were prepared to approach them with concerns or comments.

People and their families were willing to provide feedback to the registered manager about the service they received.

We identified that the provider was not meeting regulatory requirements and was in breach of a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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 not always safe.

Recruitment procedures were not always carried out in full for each member of staff. Staffing levels were variable and were reduced at weekends.

The environment was not always kept safe for people to use.

Staff were knowledgeable about safeguarding principles and how to report abuse if they suspected it had taken place.

People's medication was managed effectively.

Requires improvement



Is the service effective?

The service was not always effective.

Staff obtained people's consent before providing care; however this was not always reflected in people's care records.

The service used the Mental Capacity Act 2005 for some decisions, for some people, but this wasn't always evident. The Deprivation of Liberty Safeguards had been implemented appropriately.

Staff received regular training and support to enable them to perform their roles.

People were supported to have a balanced and healthy diet, with meals which they could choose and enjoy.

The service supported people to see health professionals when required.

Requires improvement



Is the service caring?

The service was not always caring.

People were not always involved in planning or reviewing their care, nor were their family members.

Staff knew people well and had developed positive and meaningful relationships with them.

People's privacy and dignity were respected by staff.

Requires improvement



Is the service responsive?

The service was not responsive.

People did not receive personalised care which met their individual needs.

Activities were arranged for people, however it was unclear if they were involved in selecting them, or if their preferences were considered.

Requires improvement



Summary of findings

The service had systems in place to obtain feedback from people and took action to address concerns or issues people raised.

Is the service well-led?

The service was not always well-led.

Quality audit and control systems were not effective as they had failed to highlight areas of the service which required attention.

There was a positive culture at the service and people were aware of who the registered manager was.

People and their families were willing to provide feedback to the registered manager about the service they received.

Requires improvement



Parklands Nursing Home

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 inspection took place on 15 October 2015 and was unannounced. It was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert used for this inspection had experience of a family member using this type of service.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We also observed how people were supported during lunchtime and during individual tasks and activities and spoke with people and staff about their experience. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three people who used the service in order to gain their views about the quality of the service provided, as well as four family members who were visiting the service. We also spoke with three members of care staff, two nurses, the cook, the clinical lead and the registered manager.

We reviewed care records for six people who used the service and five staff files which contained information about recruitment, induction, training and supervisions. We also looked at further records relating to the management of the service, including quality control systems.

Is the service safe?

Our findings

The premises was not managed effectively to keep people safe. For example, we saw that a fire escape just off the main living room was blocked for the duration of our inspection. There were several items in front of the door, including a set of steps and a storage box. This meant that, in the event of a fire, people would not be able to make a safe exit via this marked emergency exit. We also saw an exposed screw protruding from a chest of drawers in a person's room. When we raised this issue with the registered manager, they immediately took action to rectify the problem. Environmental risk assessments were in place, as well as health and safety checks, however they failed to identify issues such as this. Staff and the registered manager explained to us that risk assessments were used to help keep people safe. They told us that they were part of people's care plan and staff regularly accessed them to ensure their practice matched the guidance in them.

Care and treatment was not provided in a safe way for people. This was a breach of regulation 12 (1) (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that there were a number of health and safety and maintenance checks which were carried out by the service, to help ensure people were safe. This included external organisations visiting to carry out routine servicing of areas such as fire equipment, manual handling equipment and electrical safety testing. We saw records which confirmed that these checks were carried out and service dates were current.

We looked in people's files and saw that risk assessments were in place and were specific to each person. Areas such as falls, manual handling and nutrition were assessed and control measures were put in place to give staff the guidance they required. We also saw that emergency plans were in place for the service, offering guidance on what to do in emergency situations such as fire or extremes of weather.

Staff told us that they had undergone a rigorous recruitment process. Before they could start working at the service they need to have a valid Disclosure and Barring Service (DBS) criminal record check in place. The service also asked for two references regarding previous employment, and information regarding their entire

working history. The registered manager explained that, where there were gaps in people's employment history, they would talk to the person to seek an explanation for these gaps. We looked at staff recruitment files and found that there were inconsistencies regarding the information they contained. Some were comprehensive and gave evidence of the checks carried out by the service and the registered manager; however others were not as comprehensive. For example, we saw that one staff file did not contain a recent photograph of the staff member in question, or a record of that staff member's full employment history.

We received mixed feedback regarding staffing levels at the service. Some people were positive about the numbers of staff on shift, however others expressed that, at times, staffing levels could be higher. People's relatives also shared this view point. One family member told us, "During the week it is okay most of the time, but at the weekend it is like the Marie Celeste sometimes, terrible." Staff told us that staffing levels were usually fine. One staff member said, "Yes, there are usually enough of us on shift." The registered manager told us that, as both they and the clinical lead were hands-on; it may appear that, at weekends, staffing levels were lower than during the week, however they were both available to be contacted at weekends, should the staff require their support. They also told us that staffing levels were flexible and could be adjusted according to the needs of people; however there was not a specific tool in place to guide them on determining the correct number of staff required. We looked at rotas which confirmed that staffing levels were planned to be consistent throughout the whole week, with the exception of on-site management at weekends. We did see that, although shifts were planned for the coming weeks, there were several gaps on the rota which were still to be filled. The registered manager assured us that these shifts would be covered by using their own staff and agency if necessary and we saw that previous rotas were complete. During our inspection we observed that there were sufficient staff members to meet people's needs, and that additional staff arrived during the inspection to provide support while we were there.

People felt that staff and the service kept them safe from harm or abuse. They told us that staff worked to keep them safe. Some people were unable to speak with us; however

Is the service safe?

we saw that people appeared calm and relaxed in the presence of members of staff. People's relatives also expressed that their family members were safe within the service.

Staff spoke to us about abuse and how they safeguarded people from it. They described different types of abuse to us and explained that if they suspected somebody had been abused, or were at risk of abuse, they would report it to the registered manager or clinical lead. Staff were also prepared to report directly to other organisations, such as the local authority safeguarding team or The Care Quality Commission (CQC). The registered manager told us that the service reported safeguarding incidents in accordance with local authority guidance. We saw that contact information for the local authority was available to staff and that incidents had been reported in line with this guidance.

The registered manager also explained that general incidents and accidents were reported and these incident reports were reviewed to help update people's care plans. Records showed that incident reports were completed and reviewed regularly.

People told us that the service supported them to take their medication. They were positive about the nurses that administered medication and felt that they received the

right medicines at the right time. One person said, "I have some medicine, they give it to me and always get it right." Another told us, "I get my tablets on time, or I would tell them."

We observed medication being given to people. We saw that staff gave people plenty of time to take their medication and explained what the medication was for if they asked. Staff signed the Medication Administration Record (MAR) charts to record that medication had been given and, where appropriate, they used specific codes and the back of the MAR chart to record additional information. We looked at MAR charts and saw that they were completed in full and that stock levels recorded on the MAR chart, matched the actual stocks of medication. The information on the MAR charts also matched the information in people's care plans.

Staff told us that during each shift they checked the MAR charts to ensure that all medication had been administered and signed for. If a signature was missing, they flagged it up for attention. In addition, the clinical lead conducted monthly medication audits to ensure medication was being administered appropriately. We saw records to confirm that these checks took place on a regular basis, as well as 6 monthly external pharmacy audits.

Is the service effective?

Our findings

We spoke to people and their family members about their care plans. They all told us that they had not been involved in planning or reviewing their care. This meant that the provider had not checked with people to see if they agreed with their care plans, or consented to the care and treatment they received. During our inspection we observed people being offered choices and saw staff talking to people and seeking their consent before providing care or support. The registered manager told us that, in practice, they sought people's consent; however there was work to be done regarding the documentation of this. We looked at people's records and saw that, at times people's consent to care had been sought and recorded, however this was not the case for every person. For example, in some files we saw that family members had signed the care plan on the person's behalf, but there was no record as to why they hadn't signed it themselves.

We spoke with staff about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They were able to demonstrate an understanding of both and explained that they received training in these areas. The registered manager confirmed that this training took place and that DoLS applications were made when people who lacked capacity were unable to agree to receiving care from the service. We saw records which confirmed that the MCA was being applied within the service, however, it was not always used for each person. For example, where decisions had been made on people's behalf, there wasn't always evidence of an MCA assessment and a best interest's checklist regarding that decision. We saw that people's care plans and risk assessments did not always show that they had been consulted or MCA assessments carried out. Where MCA assessments did take place, we saw that they were reviewed regularly to ensure they were still relevant and the decision being made was in the person's best interests. We also saw that DoLS applications had been made to the local authority, to ensure that people were only deprived of their liberty in accordance with this guidance. We saw that, on one occasion, the local authority had not authorised a DoLS application for a person, and therefore the service treated them as somebody who had mental capacity in this area.

Care and treatment was not always provided with people's consent, or in line with the Mental Capacity Act 2005. This was a breach of regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt that staff provided them with the care they needed and had the right skills and knowledge. They told us that staff were well trained and did things correctly. We observed staff carrying out a number of tasks throughout our inspection, for example, operating a hoist. We saw that they did so in line with training and best practice and demonstrated a good understanding of what they were doing. We also saw staff seek support from their colleagues if they were either unsure of how to do something, or if the particular task they were performing required more than one person.

Staff members told us that they received regular training and support in their roles. On appointment to the service, new staff completed an induction. During this time they completed mandatory training courses, as well as shadowing some of their more experienced colleagues before being allowed to provide care independently. The registered manager confirmed that staff completed this induction process and spent time with them and the clinical lead to ensure they were given the support they needed. For example, if required, additional shadow shifts would be arranged with staff if they needed some extra time to get used to their new role. The registered manager also told us that they would be introducing the Care Certificate for all new members of staff. They explained that there had been no new starters since the introduction of the care certificate; hence no one was signed up to it yet. We saw records which confirmed that staff completed an induction process and received training and support during this time.

We were also told that staff received on-going training, to ensure their skills and knowledge were up-to-date. They told us that they completed training as assigned by the service, but could also request to do additional courses which they were interested in. One staff member said, "Training is good, it helps to guide what we do."

Throughout our inspection we observed a Qualification Credit Framework (QCF) assessor working with off-duty staff members. They explained that they were supporting staff to complete modules towards vocational qualifications. Staff completed a mixture of core and chosen modules,

Is the service effective?

which allowed them to tailor their qualification to make it as relevant as possible to their role. We saw that the registered manager kept a record of what training people had completed, to ensure their skills were kept current and regularly updated. These records showed that all staff training was up-to-date.

Staff received formal supervision and support as well. They told us that these took place regularly, and that newer staff received more frequent supervisions initially. This was to ensure they were getting the support they needed. Staff told us that supervisions were useful and that they could request them at any time if they needed to raise concerns. We saw that staff members had regular supervisions with the clinical lead and that they were used to discuss a variety of different subjects. Themed supervisions and spot-checks also took place to supplement the training that staff received and to monitor their performance.

People told us that they enjoyed the food provided at the service. One person said, "The food is lovely." Another told us, "My goodness, she can cook!" They told us that they were able to choose what they ate each day and that, if they didn't like any of the options on offer, the cook would prepare an alternative. The cook confirmed this and told us that, where possible, they used fresh ingredients each day.

We saw that people were supported to choose what they wanted to eat and that, if required, staff prompted or

supported them to eat as well. People were able to eat at their own pace and staff didn't rush or pressurise them to finish their meals. We also saw that, each morning between breakfast and lunch, people were offered the choice of a freshly baked plain or fruit scone. There was evidence in people's records regarding any specific dietary requirements that people had. We also saw that, where necessary, food and fluid monitoring took place to record how much people were eating. If there were any concerns, we saw that referrals were made to the person's GP or the dietician.

The registered manager told us that people were supported to have appointments with any health professionals they needed to see. These could be arranged in local surgeries, or in the service itself. Depending on the person's preferences, staff were willing to support the person with their appointments, but were also happy to defer to family members as well. During our inspection we observed health care professionals visiting the service. We saw that staff had called them in and worked alongside them to provide people with the care that they required. Care records showed that people regularly saw the healthcare professionals they required.

Is the service caring?

Our findings

People and their family members were not routinely involved in producing, or contributing to, individual care plans. We asked people and visiting family members if they had been involved, and none were able to tell us that they had. They also told us that they did not always receive information, regarding the care of their relatives.

We looked at people's files and saw that there was limited information suggesting people or their families had been involved in the care planning process. We saw that there were consent forms in place, which were signed by either the individual or their family members, however we did not always see a record of discussions with people or their families about the content of the care plan. Where people were unable to read or understand their written care plan, we found no evidence to suggest that it had been read or explained to the person in a manner which they could easily understand.

Staff and the registered manager told us that care plans were updated regularly to reflect any changes in people's care or needs. Records confirmed that they were reviewed and updated frequently, however there was no evidence to suggest that people or their family members had been involved in these reviews.

We saw that there was information available to people and their family members, such as a complaints policy and user guide. The registered manager told us that this was given to people when they moved into the service. We also saw that information was on display within the service for people to refer to.

Our observations of the interactions between people and staff showed that staff were mindful of people's privacy and dignity. For example, as we were shown around the service, one person's leg was exposed, outside their bedclothes. The member of staff showing us round quickly and subtly intervened to ensure the person's dignity was maintained.

We also saw staff using people's preferred names when they spoke, and taking steps to preserve their dignity. For example, staff would ensure doors were shut when providing people with personal care.

People were happy with the care they received from staff, and with the relationships they had developed with them. Staff told us that they enjoyed working in the service and getting to know the people they cared for. A number of staff members we spoke with had been working at the service for a considerable length of time, and knew the people they cared for well. One staff member said, "I have been here about six years and really enjoy the work." Another explained how they had seen people's needs change over the years and how they tried to support them as those needs changed.

People's relatives were positive about the care that their family members received. They told us that their family members were well looked after and that staff were friendly to their relatives, and to them. One relative told us, "She seems a lot happier here."

Throughout our inspection we observed positive interactions between staff, people and visitors to the service. Staff treated people with kindness and compassion and used gentle and appropriate language when communicating with people. It was clear from the interactions between staff and people, that they knew each other well. We saw plenty of jokes being exchanged, as well as the use of touch to encourage people and help them to feel comfortable.

People's visitors and staff confirmed that they were able to come to see their family members in the service whenever they wanted. There were no restrictions on visiting times and we saw visitors coming and going throughout our inspection. Information was also available for local advocacy services, should somebody need to, or wish to, access them.

Is the service responsive?

Our findings

People didn't always benefit from receiving person-centred care. We saw that staff knew and understood the needs of the people they looked after, however we did not see evidence that people's care was tailored to them. We saw in people's care files that they had specific care plans in place; however these were focussed on the needs of the person. We did not find a record of people's wishes or specific information regarding their preferences. For example, the hobbies and interests section of one person's care plan recorded; '[name of person] enjoys watching television and reading.' There was no detail regarding favourite programmes or books, where they like to do this or for how long. Nor was there any evidence of how their care would be planned to facilitate these interests. Another person's care plan had nothing recorded under 'Social Interests.'

On arrival at the service, at approximately 9am, we found that nobody was out of their bedroom. We were informed that each person chose to have their breakfast in bed and were supported to do so by the two carers who had been on duty the previous night. We saw that people gradually left their rooms around 10am, and were supported into communal areas by members of staff. We were told by staff that, if people wished, they could have breakfast in the dining room and that kitchen staff would prepare cooked breakfast if requested when they arrived. It wasn't clear from people's care plans what their preference was, in terms of where they ate their breakfast, however, the registered manager told us that staff asked people each day what they would like for breakfast, and where they would like to eat it.

Daily records also suggested that most people were supported to go to bed for the night between 6pm and 7pm. This meant that people were potentially going to bed at 7pm, and not getting up until 10am the following day. During this time, staff ensured people's medication and personal care needs were met. We saw that care plans did record people's routines, and some stated that people liked to go to bed at a particular time, however there was no evidence to show that this had been discussed with the person, or re-visited to ensure that this was still their wish.

People and their family members told us that there were some activities organised by the service. One relative told us, "They have a few people coming in like this man this morning." During the morning and lunchtime of our

inspection, a reminiscence activity facilitated by an external company, was carried out. We saw that people went through some items and artefacts which would have been familiar to them as youngsters and the facilitator spoke with them about music and events of that era. It was clear that people were benefiting from the session, and records showed that there were regular activities organised by the service. We did not see evidence that activities were organised in accordance with people's individual needs or preferences. For example, one person told us that they had always enjoyed gardening; however there was nothing to suggest that the service had spent time with them exploring this area of interest. We also saw that, for a significant period of time, the television in the main lounge was left on a channel showing repeated info-mercials advertising fitness products and programmes. None of the people sitting in the lounge were engaged with what was on the television or in conversation with one another.

We found that people's daily notes, which staff completed to document what they had done each day, were task-orientated. They did not reflect the mood of people, the conversations they had or the achievements they made. There was also significant periods of the day, where there were no recordings to indicate what that person had done. For example, one person's notes recorded that, at 2.25pm, they 'declined to go to the toilet.' The next entry was at 7.20pm and stated, 'assisted [person's name] into a clean nightie.' There was no evidence of discussion about either element of care, or of what had taken place for that person between these two time periods.

People told us that there were able, and were prepared to, complain if they felt it was necessary. They told us that they would usually tell a member of staff if they were unhappy about the care that they received, but they knew they could also talk to the registered manager or clinical lead if they had a serious concern. The registered manager told us that complaints were taken seriously by the service and they worked to rectify issues where they could. We looked at records and saw that, where formal complaints had been made, the service had investigated and responded to the person appropriately.

We also saw that the provider had carried out satisfaction surveys to gain feedback regarding the care that people received. These were sent out to people and their family members. There had been relatively few of these returned when we inspected and the registered manager expressed

Is the service responsive?

a desire to carry out the survey again, later in the year, in an attempt to gain a wider range of feedback. They also had recently re-introduced meetings with people and their family members, to provide another forum for people to raise concerns, or provide positive feedback.

Is the service well-led?

Our findings

There were a number of checks and audits carried out by the registered manager; however these were not effective as problem areas were not always identified and dealt with. We did see that areas such as medication administration benefitted from having regular checks, however issues such as the maintenance of the service, staff recruitment files and person-centred care plans not reflecting people's needs and wishes, had not been identified. For example, during our visit we observed several areas of the environment which may have compromised people's safety, including a blocked fire escape. The registered manager did not have a regularly recorded health and safety audit, to identify concerns such as this. The registered manager told us that an annual audit of this area was carried out by the service. We also saw that there was no system in place to check staff recruitment files. This meant that the files which lacked certain required information would not be highlighted, and therefore remedial action would not be carried out. People's care plans were not reviewed regularly or in sufficient detail to highlight the fact that they were not always person-centred in nature. This meant that people were at risk of receiving care that was not in line with their personal views and wishes.

There was no clear action plan provided to us to show that the registered manager had identified areas which required attention, and taken steps to arrange for that action to be completed.

Systems or processes were not established and operated effectively. This was a breach of regulation 17 (1) (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a positive and welcoming culture at the service. People had been living at the service for a number of years and were happy with the care that they received. Staff were willing to talk with people and visitors and to spend time with people. We saw that the relationships between people, their family members and staff were positive, which

contributed to a relaxed feeling in the communal areas of the service. However, it took quite some time for this atmosphere to develop, as people were in their bedrooms for a long period of time after we arrived.

There was a registered manager at the service. They had been involved with the service for a number of years, and had a good understanding and knowledge of the people who lived there, and their families. People and their family members were aware of who the manager was, and told us that they felt they were approachable and they were able to sit and have a chat with them whenever they needed to. One family member told us, "I am happy to talk with [registered manager's name] on any issue regarding Mum's care."

Staff were positive about their roles and working for the provider. They explained that they enjoyed the work they did and were able to develop within their roles. One staff member said, "I get on with the manager and other staff and love the residents." Staff were committed to developing the service and providing the best care they could for the people that lived there.

The registered manager was also positive about the service and the staff team. They told us that they felt their staff performed well and that everybody worked together to achieve positive outcomes for people. They had strong values and a vision for the future of the service. These included plans to develop the service, and they, along with the provider, were prepared to invest time and money to improve where they could. For example, work had begun on a new conservatory, to extend the communal areas of the service to allow a greater range of activities to take place. There were also plans to re-introduce meetings with people and their families, to increase people's participation in the service and ownership of the environment.

We saw that there were systems in place to promote communication with the staff members at the service. Effective handovers took place between shifts, and notes were made to refer back to throughout the shift. Staff meetings were held to share information and ideas, as well as providing staff members with an opportunity to discuss concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Care and treatment was not provided in a safe way for people. The registered person had failed to ensure that the premises were safe to use.
Treatment of disease, disorder or injury	Regulation 12 (1) (2) (d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent
Diagnostic and screening procedures	Care and treatment was not always provided with people's consent, or in line with the Mental Capacity Act 2005.
Treatment of disease, disorder or injury	Regulation 11 (1) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Diagnostic and screening procedures	The care and treatment of people did not meet their needs or reflect their preferences.
Treatment of disease, disorder or injury	Regulation 9 (1) (b)(c) (3) (b)(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Diagnostic and screening procedures	The registered person had not implemented effective systems or processes to assess, monitor and improve the quality and safety of the services being provided.
Transport services, triage and medical advice provided remotely	Regulation 17 (1) (2)(a)