

Laurel Bank Residential Care Home Limited

Riseley House Care Home

Inspection report

Riseley Street
Macclesfield
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Tel: 01625908225

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26 January 2024

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Riseley House Care Home is a care home providing personal care for older people, including people living with dementia. The service also provides care and a period of rehabilitation to people being discharged from the local hospital prior to going back home. Riseley House Care Home can support up to 67 people over 3 floors and 8 units. At the time of the inspection 22 people were using the service.

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

People were exposed to the risk of harm as care plans and risk assessments were not reflective of people's care needs and not updated following accidents and falls. We found incident analysis was not always completed by the provider to review lessons learned, mitigate risk and improve care for people.

Equipment to keep people safe was not regularly checked, or always in working order to ensure staff were alerted when people required urgent care or support.

Regular checks relating to health and safety and the environment were not always completed and there was a lack of awareness of senior staff's responsibilities in this area.

We observed a lack of engagement and activities for people, which was reflective in feedback we received from people, relatives, and staff.

Medicines were not always managed safely and documentation was not always completed, nor provided staff with clear guidance on how to support people in this area.

Records staff completed relating to people's health, emotional and care needs were inconsistently recorded. Systems to update care records following changes in people's care to ensure that staff had guidance on how to support and meet people's needs were ineffective.

People spoke positively regarding the care they received from staff and this view was shared by relatives.

Improvements were required on how people were involved in care planning and how the provider obtained feedback from people and their loved ones.

The home was not well-led. Audits and checks the provider made were ineffective. This meant people were receiving inconsistent care and there was a failure to ensure consistent effective monitoring of risk and the quality of the home.

Actions the provider informed CQC they would make following the last inspection had not been completed.

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. Processes were in place to assess people under the principles of the Mental Capacity Act (MCA) however, we found the provider was not always working in line with this.

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 18 September 2023).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received safe care and treatment of people. A decision was made for us to inspect and examine those risks.

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 the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified repeated breaches in relation to safety of people and premises and management of documentation, checks and audits. We have also identified a breach in relation to consent and adherence to the Mental Capacity Act 2005.

We have made recommendation relating to activities and the completeness of staff recruitment documentation.

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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. 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 the 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our safe findings below.

Riseley House Care Home

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.

Inspection team

This inspection was carried out by 2 inspectors, a specialist professional advisor who was a nurse and a regulatory coordinator who made calls to staff and relatives.

Service and service type

Riseley House 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. Riseley House 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 not a registered manager in post. A new manager had been in post for 2 months but had not yet submitted an application to register.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who worked with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 6 relatives about their experience of the care provided. We also spoke with 3 visiting health professionals and observed interactions between staff and people living at Riseley House Care Home. 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.

We spoke with 11 members of staff in various roles and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 7 people's care records and other records relating to people's care and support. We looked at 5 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed, including policies and procedures.

Is the service safe?

Our findings

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

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

At our last inspection we found systems not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection risk of harm to people had increased and the provider was still in breach of regulation 12.

- Risks and safety monitoring was not sufficiently managed. Systems failed to ensure care plans reflected people's care needs. Care plans were not always updated following accidents or falls to mitigate further risks to people. For example, the care plan of 1 person recorded no information relating to mobility and falls risks. However, information shared with the provider prior to them moving into the home highlighted risk in both of these areas.
- Routine servicing of Lifting Operations and Lifting Equipment Regulations (LOLER) equipment and gas safety certificates were not monitored. The provider failed to provide evidence servicing checks for lifts were completed. The annual gas safety checks certificate was out of date by several months. Following the inspection, the provider took action to complete servicing and checks, however, this was at the instruction of the inspector.
- Where people showed signs of distressed behaviour, care records lacked detail about how the person would be supported. For example, we observed 1 person who frequently became distressed. The care plan did not include information for staff to follow to support the person in this area. Following the inspection the provider shared an updated care plan.
- Incident analysis following falls was not robust. Where people had reoccurring falls the provider could not evidence how they analysed incident records to identify themes or trends. This meant we could not see evidence of any lessons learned or whether appropriate actions were taken to mitigate further falls occurring. During the inspection a visiting professional was working with the provider to review risks within in this area however, this work had not begun at the time of the inspection.
- The provider's monitoring equipment for people at high risks of falls was ineffective. We found a number of motion sensors and alert buttons people used to alert staff they required support were inoperative. The local authority informed CQC the provider was aware of the failing equipment prior to our inspection as they had also raised similar concerns. The provider had failed to act on this and ensure these systems to keep people safe were working.

Systems were not robust to demonstrate people were supported safely and that risk was managed, placing people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Preventing and controlling infection

- Staff told us they understood their responsibilities to protect people from abuse, however, we received mixed feedback about whether they felt senior managers would act if they reported incidents of concerns. We were told, "I have raised concerns, but I have been concerned [what happens to these]." However, another staff member shared, "[Manager's] door is always open."
- Allegations of abuse, accidents and incidents were recorded. However, documentation was inconsistently completed and did not always evidence it was reported to senior leaders or other agencies.
- During the inspection, inspectors raised concerns relating to a strong odour of urine coming from 1 person's bedroom. Having raised this to the provider on the 1st day on site, no action had been taken to address hygiene in the room by the 3rd day of the inspection.
- Whilst we observed cleaning tasks being completed by staff throughout the inspection, we found communal bathrooms, bedrooms and stairways were not always clean. Pedal bins were broken; PPE was left over toilets and in overflowing cupboards.

We were not assured processes to keep people safe and protect them from abuse were robust. The provider also failed to demonstrate good hygiene practices were in place, which put people at risk of harm. These failings demonstrated a further breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe living at Riseley House Care Home. Comments included, "I can't complain" and, "Staff look after me well."

Using medicines safely

- The provider failed to ensure that medicines were always managed safely.
- During our checks on medicines we found a controlled drug in an unlocked cupboard which had not been accounted for as missing.
- Information for prescribed creams for people were not clear. We found documentation was not fully completed, with numerous gaps on records when a person should be having creams applied to ensure their skin integrity was maintained.
- People were prescribed flammable emollients for skin conditions. These creams were stored in people's bedrooms. No risk assessment was in place to ensure the risks were managed safely. The provider later completed and shared this with the inspector following our request for one to be completed.

We were not assured that oversight of people's medicines were managed effectively and this was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider had failed to provide adequate staffing levels to ensure care, good hygiene and checks were completed in a safe and effective way. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw improvements of staffing levels at the home and were no longer in breach of regulation 18.

- Staffing levels were appropriate to meet people's caring needs.
- Checks were carried out to ensure suitable staff were employed. However, recruitment documentation completed at interview to assess the suitability of the person to the role was not always completed fully by senior staff.

We recommend the provider reviews recruitment best practice guidance and implements this into practice.

- Agency care staff were utilised at the home. Since the last inspection induction checks had been introduced to ensure they had awareness of health and safety information and understanding of care to be provided for people. However, we found this to have been inconsistently completed and not every agency worker had an induction with a senior staff member on their first shift. We discussed our concerns of agency workers induction, and the manager took immediate actions to address gaps in this area.

Visiting in care homes

- Visiting was managed in line with current guidance. The manager told us relatives and friends could visit the service whenever they wanted to. A relative told us, "I am free to visit when I want."



Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not always working within the principles of the MCA.
- The provider compliance tracker which held information relating to people DoLS required updating. We discussed this with the manager who said this would be reviewed.
- Decision making documentation for people did not always clearly evidence whether appropriate legal authorisations were in place. For example, motion sensors were in place in a number of people's bedroom, however, there was no evidence of best interest meetings being held and appropriate people included in decisions relating to MCA. DoLS applications had not been made to ensure they were complying with law.

The failure to ensure the legal framework of Mental Capacity Act 2005 to support decision making for people was completed was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At the last inspection we recommended the provider considers best practice guidance to review signage which would assist people living with dementia to orientate themselves within the home. At this inspection we found further improvements were required in this area.

- At the time of this inspection 2 units on the 1st floor were in use and some people who lived with dementia resided in this area. But there was limited signage to help orientate people around the 1st floor.
- For those people living on the 1st floor, no communal spaces were currently in use and staff were situated on the ground floor unless assisting people in their bedrooms. The manager shared that work had begun to have a team leader stationed on the 1st floor so people could remain in the communal area on the 1st floor with access to staff if care was required.
- Since the last inspection improvements of access had been made on the ground floor to enable people to move freely from their bedrooms into the lounge area without coded doors.

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

- People's needs were assessed before they moved into the home. However, care plans and risk assessments were not always reflective of people's current care needs or risks. This meant staff did not always have up-to-date information required to enable them to provide people with good person-centred effective care.
- Care plans were inconsistently completed and not always updated following changes of people care. For example, care plans had not been updated to provide guidance to staff to support several people with recent breakdown of their skin integrity identified by health professionals.
- Relatives told us they liaised with staff on a day-to-day basis but had not been involved in any regular care reviews with their loved ones. One relative told us, "I am contacted when there are changes, but I don't recall being asked about my view of [Person's] care." Another told us, "No they don't update me, but I have access to a link (online) that tells me what has happened at appointments."
- The provider and staff worked in partnership with the local hospital and health professionals to support discharges back into the community following a re-reablement period at Riseley House Care Home. Support packages were created for people with the end goal of returning home following a period of rehabilitation.
- People were supported to access healthcare services. Staff from the GP surgery visited regularly, and good relationships had been built between the surgery and the home.

Staff support: induction, training, skills and experience

- Following the last inspection, the provider gave us assurance of actions they intended to make to ensure staff were suitably trained to provide care to people. However, at this inspection we found the provider had failed to complete training they had identified to provide safe care to people. Please refer to the well-led section of this report for further details.
- Staff completed an induction programme when they joined the service. This was a combination of online training and shadowing experienced staff prior to supporting people independently. This included completing the Care Certificate. This is an agreed set of standards that 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.
- Staff gave mixed feedback regarding training. Comments included, "Do online training before we start then shadow," "Physical [face to face] training takes a back seat" and, "I think there needs to be more regular training."

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

- People were supported to maintain a healthy balanced diet. A choice of meals and drinks were available.
- Care plans relating to eating and drinking were not always individualised, or person centred. Risk assessments within these sections contained information copied and pasted from another person's care records.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were not involved in care planning. Care plans were updated by senior staff however, we found no evidence on how people or their relatives were involved in planning of people's care.
- Relatives informed us the staff kept them informed with health-related appointments or changes and were overall happy with the support provided by staff. Comments included, "Yes they keep me up to date" and, "Staff do what they do well with [Person] I've got no complaints."
- Staff provided positive interactions with people who they appeared to know well. However, meaningful engagement was limited, and support was task led.
- Overall people we spoke with told us they felt well cared for by staff. We were told, "They are ever so good." Another person told us, "Staff have looked after me."

Respecting and promoting people's privacy, dignity and independence

- We observed staff talking with people respectfully. This included knocking on bedroom doors prior to entering and asking people how they wished to receive their care prior to support.
- Staff were considered and caring in their approach. One example, we observed staff engaging sensitively with a person when they began becoming distressed and disoriented.



Is the service responsive?

Our findings

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

At our last inspection we rated this key question required improvement. The rating for this key question has remained requires improvement: This meant people's needs were not always met.

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

- People told us they were not involved in care planning, nor asked their views on how they wished to receive their care. Comments included, "I don't recall being asked my about my care" and, "I don't recall having any meetings to discuss the home."
- At the last inspection we found people's daily notes were task centred and lacked personal details of interactions and the well-being of people. At this inspection we found further failing in daily recording staff completed. Please refer to the well led section of this report.
- An effective care planning system was not fully in place. Care plans to ensure that people care needs and preferences reflected their current care were not always accurate, or up to date.

Meeting people's communication needs

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

- People had some basic information about their communication needs within care plans. However, guidance on how to best support people where it was identified people required additional support in this area was not in place. For example, a care plan discussed a person having no difficulties with communicating with others, then went on to discuss they would become easily confused and mix up conversation. No further information was provided on how best to support this person in this area.

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

- During the inspection we observed a visit from the local football team and some people engaged in colouring pictures. However, we found no planned activities or engagement programme for people. This was confirmed in feedback we received from relatives. Comments included, "I don't think there is an entertainment programme" and, "They said they would be employing an activities co-ordinator, but this hasn't happened." Another relative shared, "[Person] wants to go out into the garden, but they won't let him on his own."
- People informed us there was little to keep them occupied. A person told us, "There is the television, but I've not seen any planned regular activities for us."

We recommend the provider reviews activities to engage with people and develops suitable opportunities

for people to engage in interests relevant to them.

- People were supported to maintain contact with friends and relatives. We observed regular visits with people from loved ones during our inspection.
- The provider informed us they were currently recruiting an activities co-ordinator to develop opportunities for people to participate in interests relevant to them. We will check on this on our next inspection.

Improving care quality in response to complaints or concerns

- The provider had a policy in place to act on complaints or concerns. Where complaints were logged, actions were recorded to investigate and feedback.
- Relatives informed us the senior staff were responsive to any concerns raised and resolve queries quickly.

End of life care and support

- At the time of the inspection no one was in receipt of end-of-life care and support. The manager shared training was completed with staff in this area, alongside assessment for care planning.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate: This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection systems were either not in place or robust enough to demonstrate risks to people's physical health and well-being were effectively monitored This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had not been made and in some areas risks to people had increased. The provider was still in breach of regulation 17.

- Some of the failures we identified at our last inspection had not been addressed. For example, action plans which the nominated individual submitted to CQC following the last inspection detailing the improvements relating to health and safety and staff training they intended to make had not been completed.
- Governance systems remained ineffective. We saw no improvements of audits and routine checks following the last inspection. The failure to operate effective systems to monitor and improve the quality and safety of the service had resulted in continued breaches of regulation as well as a new breach being identified.
- Further shortfalls we found during this inspection related to people's care records, risk, health and safety; hygiene of the home had not been identified by the provider.
- The manager was not clear regarding their responsibilities relating to safety of the home. The manager was unaware the safety checks of the home were their responsibility.

Systems were either not in place or robust enough to demonstrate, risks to the environment, people's physical health and well-being were effectively monitored and identified actions to improve people's care were completed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection there had been change of manager at Riseley House Care home. We could find no evidence of oversight of risk and assurance checks made by senior leaders which had led to significant shortfalls in effective leadership of the service. The current manager had not yet applied to register with CQC. No manager had been registered with CQC since September 2022. We could not be assured of the qualifications, competence, skills and experience of people to manage the regulated activity of Riseley

House Care Home.

- During the inspection the nominated individual introduced a consultant company to support the provider in making improvement across all areas of the home. We will review this at our next inspection.

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

- People were not consistently receiving person-centred care. We observed people receiving task orientated engagement with staff with little opportunity for other interaction. Staff told us, "Sometimes they are bored, we try to keep them entertained" and, "Not much going on [daily], there some board games, not really engaging for fun activities for people."
- Daily recordings were incomplete and information recorded was task related and lacked evidence on activities or social engagement people took part in. During the inspection it was not evident how people's social and emotional needs were being met.
- There were limited opportunities for people to give feedback regarding the home. Meetings with people and the management team to gain their views did not take place. People and staff told us, "I don't recall any meetings since I have lived here" and, "There are no regular resident or family meetings." Adding, "They were set up, but nothing was done following feedback."

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff did not feel supported by senior leaders, or that feedback would be listened to. Comments included, "If you mentioned anything (feedback) it gets shut down" and, "I don't feel supported by higher management."
- The manager understood their responsibility for notifying the CQC of events which occurred within the service however, not all notifications had been made in a timely way. We discussed the importance of this with the manager.
- The manager demonstrated an understanding of their responsibilities under duty of candour.
- Relatives told us they felt confident that concerns would be acted on by the manager and team leaders. Comments included, "I feel if I did have a concern, it would be acted upon" and, "Always consult me to make sure it's the right thing to do for [Person]."
- Since the last inspection the provider had completed a survey with staff and relatives to gain feedback over the home. However, there was no evidence any action was completed following the survey.
- The provider worked with community teams and external professionals to support the health and wellbeing of people.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to ensure the legal framework of Mental capacity Act 2005 to support decision making for people was completed.</p> <p>This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>