Ampersand Care Limited

Pinewood Manor

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

We inspected Pinewood Manor on the 2 and 5 December 2014. Pinewood Manor provides residential and nursing care and support for up to 31older people. On the day of the inspection 24 people were living at the home. Care and support was provided to people living with dementia, sensory impairment, risk of falls and long term healthcare needs. The home also provided respite care.

A registered manager was in post. 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.

The provider has good retention of staff, with some staff members having worked there for over five years. Throughout the inspection, people spoke highly of the home. Comments included, "I enjoy living here." "The staff are all very caring."

We identified a number of areas of practice that placed people at risk of receiving inappropriate care and

Summary of findings

support. These had not been identified by the registered manager through auditing or quality assurance. Following feedback by the inspectors on the first day of the inspection the registered manager had taken action in response and had discussed the issues with staff in order to make some immediate improvements.

People told us that they felt safe living at Pinewood Manor. However, we found that some parts of the communal areas were not clean and hygienic. The systems used to assess the quality of the home had not identified the issues that we found during the inspection.

The home's telephone system consisted of one fixed line in the registered mangers office. This could create logistical difficulties in relaying timely messages with emergency services in the event of an incident in another part of the home.

We identified concerns with the lunch time meal service. Staff were not deployed effectively at meal times to meet people's needs. People who had been identified as requiring their food and drink monitored did always not have this information recorded accurately. This meant that staff could not correctly account for the amount people consumed.

The manager was aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are safeguards put in place to protect people where their freedom of movement is restricted. People were generally free to move around the building and there were no key pads or locked doors. However we observed that not all staff had followed correct procedures where people lacked capacity and we saw attempts to limit a person's free movement around the home.

Some people who chose to remain in wheelchairs for extended periods of time had not been assessed by an appropriate healthcare professional. This meant their skin integrity could be placed at risk.

The home did not have effective systems to monitor the quality of the service. The home's policy and procedures had not been updated since 2007 which meant there was out of date information included. The registered manager was in the process of reviewing these documents at the time of our inspection.

Staff told us they felt supported in their roles. A training programme was in place and staff had an annual appraisal. However, staff supervision was not being regularly undertaken thereby limiting their personal development in their role.

We observed staff treating people with respect and taking the time to chat with people while carrying out care and support. People told us they were looked after by staff who were caring and kind. The atmosphere in the service was friendly and warm.

People told us they felt their health and care needs were met. Care plans and risk assessments were clear about how to manage these risks. There were areas of good practice and a visiting GP was complimentary about nursing standards.

There were regular activities during week days, these were seen to be popular and well attended. However, there were no organised activities at the weekend. Friends and relatives were able to visit people whenever they wanted and were made welcome by staff. We saw a number of visitors come and go during the inspection and they were greeted warmly by staff. People were able to raise concerns and felt that communication was good. The manager took account of complaints and responded appropriately to issues raised by people or their relatives.

Medicines were stored and disposed of correctly. We observed staff administering medicines safely and they made sure people's tablets were swallowed before signing medication records.

The feedback we received about the registered manager was positive and people told us that the service was well led. There was a clear philosophy of care at the service which was understood by staff.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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?

Requires Improvement

Some aspects of the service were not safe.

Parts of the home were not clean and hygienic.

Some staff were unable to identify the correct procedures for raising a safeguarding with external agencies.

Medication was stored, administered and disposed of correctly.

There were robust recruitment procedures undertaken before staff started employment at Pinewood Manor.

Is the service effective?

Requires Improvement

The service was not consistently effective. Staff deployment at meal times did not effectively meet people's needs.

Recording of some people's food and drink intake was inaccurate.

Some staff did not encourage people's freedom to move around the home and restricted a person's movement.

Staff undertook regular training to provide them with skills and knowledge for their roles.

Is the service caring?

Good

The service was caring. People told us they felt well cared for.

Staff were seen to be kind and compassionate and knew the people well.

People's personal preferences had been documented in their care plans.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive. Some people remained in wheelchairs for extended periods. These people had not been assessed by an appropriate healthcare professional to ensure this was suitable for them.

Activities at Pinewood Manor were well attended and popular with people.

There was a system to receive and handle complaints or concerns.

Is the service well-led?

Requires Improvement

Improvements were required to make sure the service was well led.

There were some systems to assess the quality of the service provided in the home however not all areas had been considered.

Pinewood Manor's policies and procedures had not been updated since 2007.

Summary of findings

There were systems in place to record, monitor and take action with regard to incidents and accidents.	

Pinewood Manor

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.

We visited inspected the home on the 2 and 5 December 2014. This was an unannounced inspection. The inspection team consisted of two inspectors and an Expert by Experience who had experience of older people's residential care homes. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. We looked in detail at care plans and staff records and records which related to the running of the service. We looked at five care plans along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Pinewood Manor. This is when we look at care documentation in depth and obtain views on how people found living at Pinewood Manor. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care

We looked at areas of the building, including people's bedrooms, the kitchen, bathrooms, the lounges and the dining area. We spoke with 12 people who lived in the home, two visitors, two nurses, three care staff, one ancillary staff and the registered manager. We also spoke with three health care professionals who were visiting the home at the time of our inspection. We observed care and support in communal areas, spoke with people in private and looked at the care records for five people. We also looked at records that related to how the home was managed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since our last inspection.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe at Pinewood Manor. One person told us, "Oh without a doubt I feel safe", another told us, "I know I am safe here." However, we found some areas that did not make the service safe for people.

We found problems with cleanliness in parts of the home. In two toilets and the sluice room there was very darkly stained equipment. In one bathroom there was a commode top which had a ripped covering. The drip tray in the sluice room was dusty and grubby. The seal around the bath in the first floor bathroom was dirty. These all presented potential infection control risks for people. We identified these issues to the registered manager. The domestic cleaning was undertaken by one external cleaning contractor. They worked five and a half hours each week day and two and a half hours on either one of the days at the weekend. The registered manager was unclear as to why cleaning did not take place seven days a week however accepted that there were no systems in place to monitor the standard of cleaning. The standard of cleaning required improvement.

Risk assessments for people's health and the environment had been undertaken on admission and reviewed monthly. However, we found a care plan of a person on respite missing areas of assessment. This meant that staff would not have clear guidance on how to safely meet their needs. We raised this issue with the registered manager and on the second day of our inspection the missing sections had been completed.

All staff we spoke to could identify the signs of potential abuse, however two care staff were not clear on how to raise a safeguarding concern with external agencies, for example with the local authority. This could be a potential risk in quickly highlighting abuse or unsafe practise. We checked training records and these staff had undertaken recent safeguarding training. The registered manager advised us that they would provide internal refresher training to the two staff identified.

The home had one telephone handset available to staff, this was located in the registered manager's office. The telephone was a fixed desk top handset. If there was an incident in a person's bedroom out of hours the staff member dealing with the incident would not be able to directly speak with external support services. The registered manager said that staff are required to relay messages from where the incident has occurred to another staff member on the phone in the office. A visiting GP told us that on a few occasions they had difficulty contacting the home by telephone in the evenings. We discussed this issue with the registered manager. They acknowledged that the current phone system did not allow staff the flexibility to have a handset with them and made communication more challenging. The registered manager provided evidence that a phone upgrade system was planned however no effective substitute system had been put in place whilst awaiting installation.

The home had appropriate arrangements in place for the safe receipt, storage and disposal of medicines. There were records of medicines received, disposed of, and administered. We looked at nine people's medication records and found that the recording was accurate and clear. Staff told us that people were currently taking their medication as prescribed. Any anomalies recorded were followed up by senior staff, such as when staff signatures were missing.

There were accurate records for the reporting of accidents and incidents. There were clear procedures for identifying if patterns occurred and when a person's risk level had increased. Remedial actions for these were identified within peoples care plans. For example, the use of a pressure alert mat for people who were at risk of falls. This was a floor mat which was linked to the call bell system and alerted staff in the event of a fall.

The home and equipment was maintained to a safe standard for people and for staff. Premises records we reviewed identified that checks and maintenance had taken place on electrical equipment, gas boilers, fire extinguishers and the home's lift. There was a recommended action in place for the gas boilers which the registered manager provided evidence that was being undertaken. The provider employed a dedicated maintenance worker who carried out day-to-day repairs and staff said these were attended to promptly. In the event of an emergency, the provider had an agreement with a local church where people could be evacuated for safety.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. People and staff we spoke with commented that they felt the home was sufficiently staffed. One staff member told us, "It's a

Requires Improvement

Is the service safe?

busy job but there are enough staff around." We looked at staff recruitment files and found that there were robust recruitment processes. Files contained a completed application which included previous work history, qualifications and experience of the person applying for the job. There were two references and criminal record checks requested and received before the provider employed the person to work at the home. This ensured as far as possible that the people who lived at Pinewood Manor were protected from possible harm.

Requires Improvement

Is the service effective?

Our findings

People told us they generally liked the food at Pinewood Manor, one person said, "The food is pretty good, some days better than others." Another person said, "It's alright, I do get bored with the same breakfast." We observed the lunch time meal service on both days of our inspection. People either ate in their rooms, the dining room or in one of the home's two lounges. The menu identified that there were two choices for the lunch time meal, both were pasta based. One of the pasta choices appeared unattractive; it had congealed very quickly to people's plates. The evening meal the previous day had also been pasta. This meant there was not sufficient choice for people. The senior cook was not available on the days of our inspection. The assistant cook, who was in charge of the kitchen, told us the menus had been recently redesigned and the duplication of meal choices had not been noticed. The registered manager told us this would be changed.

People who ate in the dining room mainly ate independently. We saw that plate guards were being used by some people to assist them. One staff member said, "Lunch time is the busiest time of day". Another senior staff member said, "It can be quite pressurised in the lead up and during lunch." In one of the lounges people who required assistance with eating were required to wait for staff to serve out meals to others. In the dining room one person was falling asleep with their meal cooling in front of them, it was cold by the time a staff member was free to assist them. There were enough staff on duty to provide people with the support they needed during the lunch service however they were not effectively delegated. People's dignity was not promoted during the lunch service. One member of staff was assisting a person to eat whilst they were standing. This same staff member was seen supporting two people at once. We saw one person in a wheelchair was positioned too far away from their table to comfortably reach their plate. People were not effectively supported at meal times because staff had not been deployed around the home efficiently.

All of the issues related to food and people's experience of meal times were a breach in Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

However, people were provided with enough to eat and drink. People were offered breakfast, lunch, afternoon tea and a light supper. Visitors we spoke with said that people seemed to get enough to eat. However, some people who had been assessed as at risk of not eating and drinking enough were not being monitored correctly. There were inaccuracies with the record keeping of how much people ate and drank. Staff had not always recorded this information correctly and dates and times were missing. One senior staff member said, "There are ongoing issues trying to get staff to complete these records properly." This meant people who had been assessed as nutritional at risk were not having their nutrition monitored effectively. This increased the risk to people of not getting enough to eat and drink as staff did not always know. This is a breach in Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We observed some poor practise by staff in relation to restricting people's free movement. One person, who was at risk of falls, had a pressure mat on their seat in the lounge so staff were alerted when they moved. One staff member on several occasions positioned a tray table in front of them when assisting them back to their seat. This could have prevented them from moving freely around the home. We also observed two other staff members guided this person back to their seat without checking where they wanted to go. We saw that some people who were in wheelchairs had their footplates left in the up position whilst stationary thereby restricting their movement. This was an unlawful deprivation of people's liberty and demonstrated these staff had not worked in accordance with the Mental Capacity Act 2005 (MCA) principles. The MCA provides the legal framework to assess people's capacity to make decisions. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals. The registered manager told us that if people could not make a decision they consulted with family members and relevant professionals to make sure decisions were made in the person's best interests. No one living at Pinewood Manor had been assessed by professionals using the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Although the majority of staff had completed

Requires Improvement

Is the service effective?

training on the Mental Capacity Act 2005 (MCA) we saw that not all staff implemented the principles. This is a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff received an annual appraisal but regular supervision was not being formally undertaken. One staff member said, "I can't remember when I had my last supervision." This meant that staff had not been regularly assessed in terms of their own performance. The registered manager told us that due to the unavailability of a senior member of staff, supervision had been lacking in recent months. However, staff told us that their felt well supported by senior staff and they felt they could approach the registered manager regarding any issues. Another staff member told us, "The manager is on the floor a lot and will pick staff up on things and will talk to staff about how to do things better."

The registered manager stated in the PIR that all staff undertook an induction programme when they began work. This was to make sure staff had the basic skills and knowledge required to meet people's needs. Records we reviewed identified what areas staff covered during their induction. Staff confirmed they undertook an induction programme and were able to shadow more experienced staff when they began work. One new staff member said, "I observed other care staff working for several shifts as part of my induction, this was helpful to get to know the home's routines."

Staff had access to a range of training to ensure they had the skills and knowledge to support people. One staff member said, "Training is pretty good and there are refresher courses we do too." The registered manager held a list of when staff had completed training and when it was due to be updated. During the inspection we identified areas where staff demonstrated knowledge gaps. For example in MCA and safeguarding. This was an area that required improvement.

Care plans and associated records identified that nutritional assessments had taken place and that when appropriate specialist nutritional support had been sought. For example the Speech and Language Therapists team (SALT) had provided advice and it was evident the advice had been implemented.

People felt their care needs were well met and they felt confident they could see a GP when needed. One said, "I had an upset stomach for a time but they sorted it, the Doctor I've known for many years, he comes in regularly". External health care professionals had visited the home, such as GP's, speech and language therapists, chiropodists, and the district nurse. The staff recorded health professional visits in individual care plans. People we spoke with were happy with the health care support they received. We spoke with three visiting health care professionals. They all spoke positively about Pinewood Manor and standard of care. One said, "I feel confident in the clinical judgments of the nursing team." Another said, "Staff are helpful and ask for advice when they need it."

Good

Is the service caring?

Our findings

People living in the home told us the care provided and the staff approach was good. One person said, "I'm as happy as I can be. I'm looked after very well. I can't think of anything that bothers me". Another said, "They're very nice, very kind and caring." Relatives and visitors spoken with were complimentary about the level of care provided, one relative told us, "The staff are very patient", another said, "I like the staff, there can be a lot of agency but they're the same ones. They say hello and are always chatting to mum". The relatives and visitors confirmed there were no restrictions on visiting and they were made welcome in the home.

There were opportunities for people to express their views about the service. Records indicated there had been a residents' meeting in August 2014 and June 2013. However, it was unclear from records if any action had been taken following people's suggestions. We spoke to the newly appointed activities coordinator who told us that they had plans to hold more regular meetings to capture people's views. People told us they felt listened to. One person told us, "Things are pretty good here, staff take notice of what you tell them."

People were supported to maintain their personal and physical appearance. People were dressed in the clothes they preferred and in the way they wanted. The home operated a keyworker system. A keyworker is a member of staff who with the person's consent takes a lead role in co-ordinating aspects of a person's care. People we spoke to were able to identify their key worker. One staff member said, "Being someone's keyworker gives you more time to spend with them and get to know their needs better." Another staff member said, "You get to know people's preferences better as their keyworker."

Staff were knowledgeable about the people they cared for and supported. Staff shared people's personalities with us during the inspection and they talked of people with respect and affection. One care staff member said, "The residents are the reason I work here, some great characters."

We observed kind care delivery by staff, for example, one person appeared disoriented, and a staff member discreetly reminded them of where they were and assisted them to where they wanted to go. We saw this person was treated with empathy by the staff member. One staff member was undertaking foot care. One person said, "It's very relaxing, nice and gentle for me, just the way I like it."

People's privacy and dignity was respected. During the inspection, people were called by their preferred name. Assistance with care was offered discreetly and people confirmed their privacy and dignity was upheld. One person told us, "They knock before coming in my room." Staff had a clear understanding of the principles of privacy and dignity. One staff member told us, "I always have a towel handy to cover them up when helping with a wash."

We looked at five care plans in detail. We saw that personal preferences had been recorded on admission to the home and where possible set out people's preferences for daily life. Plans provided a good level of information about people needs and risks associated with their care. The registered manager told us they had information for people and families about advocacy and shared this. This information was also available in people's rooms in their welcome pack.

Requires Improvement

Is the service responsive?

Our findings

A high percentage of people at Pinewood Manor used wheelchairs. The registered manager said the reasoning for this was to enable people, who were unable to walk independently, to attend morning activities and then to be assisted to their chosen location for lunch. After lunch some people were moved into more comfortable chairs whereas other remained in their wheel chairs. People who remained in wheel chairs for extended periods of time had not all been assessed by an appropriate health care professional. This issue had not yet impacted on people's health.

We recommend that advice is sought from appropriate health care professionals such as an occupational therapist to ensure that people's skin viability is not placed at risk if they chose to remain in wheelchairs for long periods of the day.

There were two part-time staff who shared the responsibility for activities within the home. An activities weekly calendar was on a noticeboard. People told us that there were a good range of activities during the week. One person told us, "There are so many activities. A lovely chap comes in with a guitar". On the two days of our inspection we saw that morning activities in one of the lounges were well attended. A staff member said, "A real strength of the home is that we try to encourage residents to get involved in activities." One person said, "I don't want to get involved in a lot of activities. They always check with me though." Records were kept identifying what organised activities people had taken part in. This was the same for when people had been involved in one to one chats in their rooms. However, we saw there were no planned activities at the weekend. A person had raised the issue of no weekend activities in a previous residents meeting. There was no evidence from records as to how this had been responded to.

We asked people what they would do if they were unhappy with the home. They told us they would talk to staff. One person said, "I would tell one of the nurses." People told us that they would be confident to raise concerns with the manager. One person said, "The Manager is marvellous, I can talk to them about anything". The home had a complaints policy in place. However, it required updating. For example, it made no reference to the Local Government Ombudsman. We saw that a clear record had been kept of each complaint received. The home had received one complaint in 2014 and this had been resolved satisfactorily.

Some people and their relatives had chosen to be been involved in the setup of their care plans. A relative told us they were aware of a care plan and had contributed to its design. Care plans we looked at were well organised with an index at the front. This made it easy to find where information was located. The files gave information about the person's preferences, family and key medical information. Before a person moved into the home a senior member of staff carried out an assessment of their needs. We looked at a completed pre admission assessment and noted information had been gathered from a variety of sources including healthcare professionals. People were invited to visit, if they wished, before they moved into the home to enable them to meet other people and the staff.

Each person had an individual care plan which was underpinned by specific risk assessments. Areas covered included, falls, moving and handling and breathing. Staff spoken with told us they were useful and informative documents. We saw evidence to indicate the care plans had been updated on a monthly basis or more frequently in line with any changing needs. The clinical lead carried out random audits of a sample of people's care plans once a month and developed an action plan where shortfalls had been identified. Some people due to their medical conditions were care for in beds. Their Care plans collated key health information that would identify if there was deterioration in their health. This information included recording of people's breathing, sleeping patterns and skin integrity.

Requires Improvement

Is the service well-led?

Our findings

Pinewood Manor had a limited number of systems in place to monitor the quality and safety within the home. The resulting lack of appropriate systems had contributed to elevated risks described in this report. For example, there were no audits undertaken to determine the effectiveness of the home's cleaning or health and safety. Although mealtime audits had been undertaken they had not identified the staff deployment issues at meal times. Gaps in people's food and drink charts had not been identified. A person had raised the lack of weekend activities at a residents meeting and there was no evidence this had been responded to. The home's policies had been created in 2007. They had not been reviewed or updated since. The registered manager confirmed that these were the policies the home currently worked to. The registered manager produced evidence to demonstrate they were in the process of working through these to identify where they required updating. For example, the registered manager had identified the home's fire policy did not correlate with more recent advice they had received from a fire inspection report. The provider did not have effective and up-to-date policies to protect people.

These issues related to the running of the service are a breach in Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

However, we also received positive feedback about the management of the home. One visitor told us; "I would say the home is well run. I can talk to anyone about any problems and know it will be taken seriously." All staff we spoke with said they felt supported in their roles and everyone said the registered manager was fair and approachable. Staff said; "The door is always open and the manager is around on the floor a lot."

We looked at meeting minutes from the most recent staff meeting; issues relating to individuals as well as general working practices had been discussed. Staff we spoke to were positive about the home and liked working there. One staff member told us, "I came up with a way to improve the care plans kept in people's rooms, the manager liked it and we are still using it, which made me proud." Another staff member told us, "Staff regularly gather in the manager's office and we talk about how things are going, it's all very open."

There was a clear management structure at Pinewood Manor. Staff members were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff members spoke positively about the leadership. The registered manager had a clear understanding of their role and responsibilities. For example, notifications had been submitted to the Commission in relation to safeguarding concerns. The registered manager told us they felt supported by the provider and they had active involvement in the running of the home.

Pinewood Manor had a clear vision on the types of services it could provide. People and staff told us that it, "felt like a proper home" during our inspection. The provider had clear plans on the future direction of the home and the registered manager supported these.

We spoke with the registered manager about how they sought the views of people, their relatives and staff. Records indicated that residents meetings were held annually. People's relatives had been contacted individually by the registered manager in August 2014. We saw that comprehensive minutes of these conversations had been recorded.

There was a system in place for the recording of accidents and incidents. We reviewed a sample of these and found recordings included the nature of the incident or accident, details of what happened and any injuries sustained. Actions for individuals as a result of an accident/incident were embedded within care plans.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs **Service users were not supported effectively at meal times. Regulation 14 (1)(c)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **Services users were not protected against the risks associated with inaccurate recording of dietary intake. Regulation 20 (1)(a)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The provider did not have arrangements in place for acting in accordance with the consent of service users. Regulation 18 HSCA 2008**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The provider did not have effective systems to monitor the quality of the service.** **The provider did not have up-to-date policies and procedures in place to ensure effective running of the home.** **Regulation 10 HSCA 2008 (1)(a) (2)(b)(i)(iii)**