Acegold Limited

Hamilton House Care Home

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?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This unannounced inspection took place on the 18, 19 and 20 January 2016. During the last inspection in February 2015 we had concerns about how well staff were trained and able to protect people from abuse. During this inspection we found this had improved. We previously also had concerns about how staff understood and applied their knowledge of the Mental Capacity Act 2005 (MCA) to the care provided. During this inspection we found concerns remained in this area.

Hamilton House Care Home is a residential nursing home for up to 53 older people. The house provides residential accommodation over three floors. Qualified nursing staff and care staff provide care to people.

At the time of the inspection 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.

Staff knew how to identify indicators of abuse and how to report their concerns. The home appeared clean and tidy. Some improvements had been made to the décor of the home with further refurbishment planned in the future.

Documents related to the employment of staff did not show robust and thorough checks on candidate's employment history had not taken place. We found gaps in their recorded employment histories, there were no documented reasons given for these. This meant the provider could not demonstrate safe recruitment practices were in place. We have made a recommendation about recruitment practices in the home.

We have made a recommendation about the storage and administration of medicines; this was because we saw poor practice in relation to both these areas.

We found insufficient checks and information related to pressure relieving mattresses were in place. This placed people at risk of harm as the correct setting of the mattress was not always clearly documented or adhered to. Staff were not aware of what the correct setting was for each mattress.

During our previous inspection in February 2015 we had concerns related to the staff's understanding and application of the Mental Capacity Act 2005. Mental Capacity Assessments were not decision specific. We found the concerns remained the same during this inspection.

Staff training was not up to date, but a matrix and plan were in place to improve this area of the service. Records showed staff were supported to carry out their role through supervision, daily meetings and planned appraisals.

Some people were not happy about the quality of the food in the home. The overall opinion seemed to be

that it fluctuated between being good some days and poor on other days. The registered manager told us they were working with the kitchen staff to address this. Where people required specialist support with food and fluids this was provided by staff.

People told us the staff were extremely caring and our observations supported this. People told us they felt listened to and respected by staff. They felt involved in their care planning and encouraged to be as independent as possible.

There appeared to be a lack of activities in the home. People told us there were not a lot of activities on offer. Staff told us when they had time they tried to involve people in activities. To address this a newly recruited activity organiser had been appointed.

Care plans and risk assessments were in place for each person. They were kept up to date and reviewed regularly. They included information on people's preferences and dislikes as well a personal history. This helped staff focus on people as individuals.

Where complaints had been received these had been responded to in line with the provider's complaints policy. Where possible; learning from complaints took place which helped to improve the service.

The registered manager was aware of areas of the home that required improvements, and was actively working with staff to achieve this. Staff felt the registered manager was approachable and helpful. There was a clear sense of team work and both staff and the registered manager working together to improve the service to people.

We found a number of breaches 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 this report.

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

The service was not safe.

People were placed at risk of harm. We found gaps in some staff's employment history had not been investigated and recorded during the recruitment process.

Records did not show regular checks were being made on pressure relieving mattresses to ensure people's skin was being protected from damage.

People's medicines were not all stored correctly or administered in a safe way.

Is the service effective?

Requires Improvement

The service was not effective

Care of people was not always carried out with the relevant person's consent. Records did not reflect a clear understanding of the Mental Capacity Act 2005. Assessments of people's mental capacity were not accurate and relevant.

People were cared for by staff who were being supported to carry out their role through supervision and training.

People were not always happy with the quality of the food on offered. This was being addressed by the registered manager. Where people required specialist support with their food and drink this was offered by staff.

Is the service caring?

Good

The service was caring.

People spoke positively about the staff. Interactions we observed were kind and courteous.

People told us they felt listened to by staff and their opinion mattered.

Is the service responsive?

Good

The service was responsive.

People had the opportunity to give feedback on the quality of care and where appropriate raise complaints. They received apologies, where appropriate and action was taken to improve the quality of care on offer.

People were encouraged to maintain their independence, and were supported with their care in a way that suited them.

There was limited access to activities for people. However, the recent employment of an activity organiser assisted with improving this area of care for people.

Is the service well-led?

Good

The service was well led.

People were able to approach the registered manager to discuss their care, as the registered manager made themselves available to people and staff on a daily basis.

The registered manager had recognised areas of improvement were required in the running of the home and had initiated support for staff to enable improvements to be made.

People received care from a staff team who practised the values held by the provider.

Hamilton House Care 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 18, 19 and 20 January 2016 and was unannounced.

The inspection was carried out by one inspector. Prior to and after the inspection, we reviewed previous inspection reports and other information we held about the home including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. We did not request the completion of a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight staff including the registered manager, regional manager and care and nursing staff. We spoke with seven people who lived in the home and one visitor. We carried out observations of care and reviewed documents associated to six people's care and their medicines. We reviewed records related the employment of four staff and audits connected to the running of the home. We received feedback from one health care professional.

Requires Improvement

Is the service safe?

Our findings

People told us told us the home was a safe place to live in. One person told us "I do feel safe because there are always people around who are easily approachable." Another person said "I feel absolutely safe here because of the care I suppose. They do look after you."

During the last inspection in February 2015 we had concerns the registered manager did not understand or follow the correct procedure for reporting safeguarding concerns to the local authority. Since then a new registered manager had taken over the running of the home. The previous registered manager has changed positions to that of clinical lead. We saw they had received appropriate training in safeguarding adults since the last inspection. We spoke with the new registered manager, who was able to tell us how they responded to allegations of abuse. Our records showed, where allegations of abuse had been raised, the new registered manager had responded appropriately. Staff we spoke with knew how to identify signs of abuse and how to respond and report concerns. The local authority safeguarding procedure was available to staff to guide them in how to report concerns.

During the previous inspection in February 2015 we had concerns about the cleanliness of the home. During this inspection we found improvements had been made. From our observations the home appeared clean. A detailed cleaning schedule had been introduced to record the areas of the home that needed cleaning and the frequency of cleaning. However the recordings made by staff had not been completed accurately. For example, records for two days had been completed on one form. Other errors included not consistently recording which areas had been cleaned. We spoke with the registered manager about this. They planned to alter the form so that it was more relevant, as some gaps in the recording were due to the inaccuracy of the form, rather than the absence of cleaning.

We had concerns people may have been placed at risk of harm because of the current process of employing staff. Documents related to the employment of staff showed relevant checks were carried out. These checks included evidence of Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service (DBS) helps employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups. References were obtained from previous employers and application forms were completed. However, we found none of the staff files had recent up to date photographs of the employee on them. We also found three people's records showed there were gaps in their employment history. There were no records in the file to suggest this had been discussed with the candidate or that a satisfactory explanation had been given. Without evidence that such checks had been completed the provider could not demonstrate safe recruitment processes were in place.

Where people required medicines to maintain or improve health, these were administered by trained nurses. We observed medicines being administered to people. We saw one nurse administer a tablet to a person without wearing gloves. Wearing gloves would reduce the possibility of cross contamination and recurrent exposure to the medicine. We discussed this with the staff member, who apologised for the error and reassured us this would not happen again.

We also observed one person's medicated cream was not locked in the drug cupboard but left on a cupboard in their bedroom. The nurse was not able to determine when the cream was opened as it was not recorded on the box. They told us they would dispose of the cream.

We reviewed the storage and administration of medicines with nurses at the home. People's medicines were stored in a locked cupboard. Up to date medicine administration records showed staff had signed when medicines had been given to people. We checked the amount of medicines available to people against the recorded amounts and found they were correct.

Protocols for the administration of 'as required' medicines were available. These protocols provided guidance as to when it was appropriate to administer an 'as required' medicine and ensure that people received their medicines in a consistent manner. The protocols described how a person may demonstrate their requirement for the medicine, so that staff knew when it was appropriate to administer it. As the medicines were being administered to people who may not be able to verbally request them this was important information. Medicines audits had been completed regularly, however records did not identify which floor of the home the audit related to, the registered manager told us this would be amended.

To protect people from developing pressure ulcers, some people slept on pressure relieving mattresses. We observed for one person the guidance in the care plan stated the firmness level of the mattress should have been set to number 1. We visited the person in their bedroom and found them in bed with the mattress set to number 3. We asked the clinical lead what the setting was supposed to be, they told us this depended on the weight of the person. The advised they would check the mattress was set to the correct setting. We entered another person's bedroom to find the person in bed on a pressure relieving mattress. We asked a member of the care team what the required setting should be, they told us they did not know. We asked the clinical lead if checks were carried out on whether the mattresses were set at the correct level, and working correctly. They told us they had asked the staff to do this. We found there was no information in people's rooms to indicate what the level of firmness of the mattress should be. There were no records to show checks had been carried out to ensure the mattresses were working correctly and set to the correct level.

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

Risks to people's safety had been assessed. Records showed recent assessments had been completed which related to the environment and included areas such as gas and fire safety. People had the risks associated with their care assessed, this enabled staff to minimise any risks of harm or injury to people or themselves. One person told us "They (staff) take such good care of you they do what they can to avoid any accidents." Staff understood how risks could be minimised and the purpose of risk assessments.

We recommend that the service consider current guidance on the storage and administration of medicines and take action to update their practice accordingly.

We recommend that the service consider current guidance on safe recruitment practices and update their practice accordingly.

Requires Improvement

Is the service effective?

Our findings

People told us they felt staff knew how to care for them. Comments included "In the main staff are knowledgeable" and "Staff know what they are doing and as time goes on they learn more."

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 Act 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

During the last inspection in February 2015 we had concerns about how the home applied the principles of the Mental Capacity Act 2005 and the DoLS to the care being provided to people. We found some of these concerns were ongoing during this inspection. For example, during our previous inspection we found mental capacity assessments had been completed, but they were not time or decision specific. We found this area had not improved. During the previous inspection we noted the registered manager did not know that people who died whilst being subject to a DoLS should be the subject of a coroner's investigation. We found the new registered manager was also not aware of this requirement.

In one person's care records we saw that medical support had been withdrawn on the request of a relative. We asked if the person had the capacity to decide on whether they wished for the medical support to continue, we were told by the nurse the person did not. There was no evidence of a mental capacity assessment for this decision having been completed. There was no evidence that the relative held power of attorney to make decisions on their behalf. No best interest decision making process had been followed.

During the last inspection the registered manager at that time did not show an understanding of the Act or DoLS. Since then they have completed Train the Trainer training and along with another staff member were carrying out the training for staff. When we spoke with them about their understanding of the MCA and DoLS they both knew about some of the principles of the Act, and showed some understanding of DoLS, however both failed to be able to clearly and confidently describe the assessment process. When asked "How do you know if someone is not able to make a decision about something?" One stated they would check the care plan, and check who had power of attorney and ask the family if they wished to be involved in the decision making process. This is not in line with the Act. We spoke to staff about MCA and DoLS we found one staff member had a basic understanding of the act but was unclear about the assessment process. A second member of staff who had not received training in the subject told us they did not know anything about it. Training records showed nine staff did not have up to date training in the area, although the registered manager had plans in place for them to complete this. We spoke with the registered manager about our concerns. Following our inspection they contacted us to inform us they would be organising for the provider's Training Managers to attend the home to provide "robust" training to staff in the area of MCA and DoLS.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told by the registered manager when new staff started working for the provider they completed a three day induction course. Staff confirmed this was the case. The registered manager had noted that not all staff had up to date training in the areas considered to be mandatory by the provider. They had put together a training matrix and plan to ensure all staff had up to date training. During the inspection staff training was taking place for new staff and those who required refreshers. To ensure training was more effective the provider was changing the schedule for training from e-learning to classroom based learning. Their plan also included a 'What have you learnt' session as part of individual staff supervision. In this way they could test out whether staff had learned and retained information from their training courses.

Records indicated staff received support from the registered manager through regular supervision and appraisals. This was an area the registered manager identified as requiring improvement. Documents showed since they had taken up their post all staff had received supervision. This allowed both parties the opportunity to reflect on the performance of the staff member and where appropriate to develop plans for improvement. It also allowed staff to raise concerns or questions and to suggest improvements in how care could be delivered. Staff told us this had been useful. One staff told us "They look at our strengths and training needs and if we are finding it difficult we get training." Another said the registered manager used the supervision session to look at "What we are doing and what we are getting better at." They reported it to be a positive experience.

There were mixed responses from people regarding the food and drink that was provided by the home. Three people told us they liked the food their comments included "The food is very good, we get a good breakfast and lunch there is always plenty of food and drink." Another comment was "The food is wonderful, always enough to eat, in fact far too much." However, other people's views were that the standard of food had dropped recently, their comments included "Sometimes the food is not brilliant, sometime undercooked sometimes overcooked." "Food is sometimes good it varies, some I sent back as inedible." "Food has been excellent, but it is going downhill. It is off and on. Last week we had lamb hot pot, the lamb was so tough I couldn't eat it."

We discussed this with the registered manager. They were aware of the concerns of people, some of which they shared. The food was prepared by an independent company who provided food from the home's kitchen. The registered manager told us they had been working with the kitchen staff to produce attractive, tasty nutritional dishes. We observed two main dishes being offered to people. One looked very bland with chicken in a white sauce and rice, plus vegetables. The other was toad in the hole. From our observations and from what people told us they enjoyed the food and ate the majority of what was on their plates.

People were supported with their food and fluid intake needs. Where people required support with eating or drinking this was provided by staff. We observed how people were supported with their lunch. Food was prepared in line with people's care plans. Where people required food and fluid to be thickened or pureed this was done to reduce the risk of choking. Where people had difficulties with food and drink, specialist advice was sought from the multidisciplinary team and their advice was being followed. Records showed risk assessments were in place to protect people from the risk of malnutrition and dehydration. Staff recorded people's food and fluid intake and understood the importance of doing so. Care plans reflected people's dietary needs.

Records showed people were supported to maintain good health through regular contact with healthcare

professionals. During two days of our inspection we saw a visiting GP was present. People's records confirmed people had access to hospital appointments and specialist health advisors such as dietitians and physiotherapists. People told us when their health needs changed, staff were quick to respond and seek medical assistance.

Good

Is the service caring?

Our findings

People told us they felt the staff were caring. Some of the comments we received included "Staff are friendly, very helpful and very kind. They do put themselves out. Nothing seems to be too much trouble. If someone is unhappy they take time to listen." "I am happy living here, I am looked after wonderfully well." And "The best bit about living in the home is the care, you feel you are loved."

When we observed staff interacting with people they showed kindness, patience and consideration towards people. Whilst supporting people with food, they allowed people time and told people what they were eating. We saw one person was distressed, the staff member who attended to them managed to gently distract them and very quickly the person was smiling and engaging with them in a positive way.

People told us they felt listened to. One person told us they had made a complaint the previous day about the food. Staff had told them they would inform the kitchen staff and apologised for the food. Another person told us the staff called into their room to check on their welfare, they thought they had the balance between being intrusive and caring right. They said "Staff do listen to you. There are plenty of carers around; they are good because they are not continually bursting into your room. They pop in and check I am ok. I have a very friendly relationship with them, I would recommend this place."

The registered manager told us they planned to hold residents and relatives meetings every three months. This would give people the opportunity to raise concerns and discuss how care was being provided in the home.

We asked two staff what was the best thing about the home, their responses were, "Giving care to the residents and treating them like our families." Along with "The team work, we work really well as a team to make sure the residents are really well taken care of."

We spoke with staff about the needs of the people they cared for. On the whole staff were well informed about people's needs, preferences and personal histories. They knew how people liked to be supported and how to manage the risks associated with people's care. On a couple of occasions when we were with people in their rooms they needed the assistance of staff. On both occasions we pressed the call bell. Staff appeared quickly and responded to people in a pleasant and relaxed manner.

People told us they were treated with respect and dignity by staff and their privacy was maintained. One person told us they enjoyed spending time on their own in their room and staff were respectful of this. One staff member was able to tell us how they supported people to be as independent as possible to ensure the person's dignity was upheld. Other examples given were closing curtains and doors when supporting people with personal care. We also observed staff knocking on people's doors before entering.

People told us they could be as independent as they chose to be. One person told us they could decide on what time they went to bed and got up in the morning. We visited one person in their room at mid-morning, they were still in bed. They told us this was their choice as they did not like to get out of bed before 11.30 am.

Another person told us about a piece of equipment they referred to as a "Talking newspaper". This was important to them as they enjoyed listening to the news but due to a visual impairment they were unable to read.

During the inspection a person who was living in the home died. We observed how the family were present in the home and had stayed overnight to be with the person. Following their death, we heard staff interacting with family members, they were encouraging and empathetic. It was obvious from the reactions of the staff the deceased person meant a lot to them. One staff member described them as "special". The home were accredited with The Gold Standards Framework. The framework describes itself as "Gold Standards Framework gives outstanding training to all those providing end of life care to ensure better lives for people and recognised standards of care." Staff showed respect both for the family and the person who had died.

Good

Is the service responsive?

Our findings

There were mixed opinions about the level of activities that were available to keep people occupied and stimulated. One person told us there were some activities but these were only for a few people. They said "I have nothing to do all day." Others told us there were occasional activities such as bingo and singing, but these did not happen very often. We spoke with the registered manager who told us they had just recruited to the post of activity organiser. They had one 30 hour a week post and one ten hour a week post. The new staff were completing their induction training. It was envisaged they would improve the situation regarding activities for people when they commenced in their roles. Staff told us when they had time they carried out activities with people such as nail painting and playing cards with people. Prior to Christmas people were supported to go into the local town for shopping and refreshments. We observed family and friends visiting people in the home, there did not appear to be any restrictions on the times people could visit. Regular visits were also made by local school children, who sat and chatted to people.

One person told us they needed less support now than they had needed for many years. They put this down to the quality of care they received from the staff. They told us the staff listened to them and their wishes and discussed with them the options they had for their care. They told us they "negotiated" their care. One issue for them was their mobility. Due to health problems their ability to mobilise had reduced. They were now working with the staff to increase this. Each day they walked up and down the corridor with their frame and a staff member if needed. They hoped as their mobility improved they would be able to walk further.

People told us the staff encouraged them to be as independent as possible. One person told us staff were concerned about the risk of them falling out of bed. They had discussed various options to prevent this from happening. The person told us they had managed for 84 years and had not fallen out of bed, so they did not wish for any interventions to be put in place. Staff had respected their wishes. Another person told us how staff supported them with their personal care, allowing them to do as much as they could for themselves, but helping when required.

Each person had a care plan, detailing the areas of support they needed and how this should be carried out, for example nutrition, moving and handling and sleep amongst others. Records were kept up to date and reviewed regularly. The home was in the process of changing the format of the care plans to make information more accessible and easier for staff to use and update. We saw where appropriate some relatives had been involved in checking the care plans, by reading and signing their agreement to the content. Other people had signed their own care plans. Not everyone was aware of the content of their care plans, but they were aware of how they wished their care to be provided. They told us they were happy with the way their care was carried out.

Two people told us they had made complaints about the food. The registered manager was aware that not everyone was happy with the food in the home and was working with the kitchen staff to improve this area. Other people told us they were confident about raising concerns and felt the staff listened and responded to them appropriately.

The registered manager showed us their complaints log. We saw five complaints had been received in the last year. These had all been responded to and resolved in line with the provider's complaints policy. People and their relatives also had the opportunity to raise complaints through the residents and relatives meeting and through the annual questionnaire which was issued to people to gain their feedback on the service.

Good

Is the service well-led?

Our findings

People and staff told us they thought the home was well managed. People told us some improvements could be made to the running of the home such as the quality of the food and the lack of activities, both these areas were being reviewed and developed by the registered manager.

The registered manager had been in post since October 2015 and had been registered with the commission since November 2015. Since that time they had noted the home required improvements in some areas, they were also aware of the previous CQC inspection report.

We saw some improvements had taken place to the cleanliness and the internal and external appearance of the home. The registered manager had designed a detailed cleaning schedule for staff and removed old and worn furniture. Some of the bathrooms and shower rooms had been redecorated and tiled giving them a clean and modern feel. Some improvements had been made to trailing wires which we found at the previous inspection and resurfacing of the drive way had been completed. During our last inspection in February 2015 we were told a full refurbishment of the home would take place within the year. During this inspection we were told the plans were still in place, but no definite date was given for completion. We received correspondence from the regional manager following the inspection stating "The planned refurbishment programme remains a very high priority for us and this will take place as soon as funds are made available."

Records of meetings showed the registered manager was initiating feedback from people and staff about the quality of the care in the home. Where appropriate action plans had been put in place to improve the service to people. The registered manager walked around the home and was a visible presence for people to speak to. This also gave the registered manager the opportunity to evaluate the day to day culture of the home from their observations. When one person became upset we called upon the registered manager to deal with the situation. In line with the person's request they (registered manager) took immediate steps to try to alleviate the circumstances causing the person's distress.

Since taking up their position, the registered manager had organised supervision with all staff, this gave staff the opportunity to discuss aspects of care and safety. We saw in meeting minutes how the registered manager had shared their experience and knowledge with staff to improve the service to people. Staff told us the registered manager was approachable and helpful. One staff member told us the care had improved since they started in post. They told us "The manager is good, she knows how to sort out problems, she helps with food and drink. She does help and is approachable." Another staff member told us "She gives us support and is definitely approachable." A third told us things had improved since the last inspection, they said the registered manager had helped to achieve this.

The provider had a set of values shared with staff each day during the team meeting. These included; keep it simple; sort it; do from the heart; make every moment count, and choose to be
happy. Staff were able to tell us what those values were and how they applied them to their work. It

appeared the values were impacting on people. One person told us "We always get a smile out of them (staff); it makes such a difference to get a nice greeting." Another person told us "Staff treat you very well, they are all dedicated and very kind and loving."

The registered manager and staff shared an understanding of the current challenges of the service and appeared to work as a team. The registered manager told us they had been impressed by the enthusiasm of the staff to listen to advice and accept change. They continued to focus on teaching staff how to resolve problems and review and reflect on difficult situations so that learning and improvement could take place. The registered manager told us "We will never improve if we don't reflect on situations." They went on to tell us how receptive the staff had been to new ideas and suggestions.

Audits had been completed to ensure the quality and safety of the service was maintained. A monthly quality audit took place to look at care plans, maintenance and safety of the building amongst other things. Maintenance checks included gas safety, electrical safety and Legionella. Staff were aware of the need to report concerns or maintenance issues so that the onsite maintenance staff could deal with them or contact qualified professionals if required.

The provider has a legal duty to inform the CQC about changes or events that occur at the home. They do this by sending us notifications. We had received relevant notifications as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to obtain consent from the relevant person before carrying out care and treatment. Regulation 11 (1) (2) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe equipment because the provider failed to maintain regular checks. Regulation 12 (1) (2) (b) (e)