Care Quality Commission

Saheena Saeed & Inayet Mohmed Patel

Victoria Hall

Inspection report

New Road
Shouldham
Norfolk
PE33 0DF
Tel: 01366 347276
Website:

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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

This inspection took place on 28 January and 05 February 2015 and was unannounced. Victoria Hall is a residential care home providing care and support for up to 37 older people, some of whom may live with dementia.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and that staff supported them in a way that they liked. Staff were aware of safeguarding people from abuse but not all incidents of possible abuse were reported to the relevant agencies. Individual risks to people were assessed by staff and reduced or removed.

There were enough staff available at most times to meet people's needs. Most people, their relatives and staff

Summary of findings

members said that staffing levels were high enough to allow staff members to spend time with people. However, there were times at night when people might not have been able to receive urgent assistance in a timely way.

Not all of the required recruitment checks had been obtained for all new staff to ensure they were suitable to work with people.

Medicines were safely stored and administered, and staff members who gave out medicines had been trained.

Staff members received other training, in a format that provided them with the opportunity to ask questions and practice new skills. Staff received supervision from the manager, which they found was supportive and helpful.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The service was not meeting the requirements of DoLS. The manager acted on this during our inspection and was taking action to comply with the requirements of the safeguards to ensure that people were protected.Staff members understood the MCA and presumed people had the capacity to make decisions first. However, where someone lacked capacity, there were no written records to guide staff about who else could make the decision or how to support the person to be able to make the decision.

People enjoyed their meals and were given choices about what they ate. Drinks were readily available to ensure people were hydrated.

Staff members worked together with health professionals in the community to ensure suitable health provision was in place for people.

Staff werecaring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated.

People's needs were responded to well and care tasks were carried out thoroughly by staff. Care plans, however, did not contain enough information to support individual people with their needs.

A complaints procedure was available and the one complaint made since this provider took over had been passed to the provider to respond to.

The manager was supportive and approachable, and people or their relatives could speak with her at any time.

The home did not properly monitor care and other records to assess the risks to people and ensure that these were reduced as much as possible.

We have made a recommendation about adequate staffing levels.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

People were not supported at all times by enough skilled staff to fully meet their needs and to keep them safe. Recruitment checks had not always been obtained before new staff started work to ensure they were suitable to work with people.

Risks had been assessed and acted on to protect people from harm.

Medicines were safely stored and administered to people.

Requires Improvement

Is the service effective?
The service was not always effective.

Staff members received enough training to do the job required.

The manager had not acted on recent updated guidance of the Deprivation of Liberty Safeguards and mental capacity assessments had not been completed for people who could not make decisions for themselves.

The home worked with health care professionals to ensure people's health care needs for people were met.

People were given a choice about what they ate and drinks were readily available to prevent people becoming dehydrated.

Requires Improvement

Is the service caring?
The service was caring.

Staff members developed good relationships with people living at the home, which ensured people received the care they wanted in the way they wanted it.

People's friends and family were welcomed at the home and staff supported and encouraged these relationships.

Good

Is the service responsive?
The service was not always responsive.

People did not have their individual care needs properly planned for, although staff responded quickly when people's needs changed.

People were given the opportunity to complain and those complaints were acted upon appropriately by the provider.

Requires Improvement

Is the service well-led?
The service was not always well led.

Requires Improvement

Summary of findings

Audits to monitor the quality of the service provided were completed and identified the areas that required improvement, but actions had not been identified or put into place to address shortfalls.

Staff members and the manager worked with each other, health care professionals, visitors and people living at the home to ensure there was a high morale within the home.

Victoria Hall

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 28 January and 05 February 2015 and was an unannounced inspection.

The inspection was carried out by two inspectors.

Before we visited the home we checked the information that we held about the service and the service provider. For example, notifications that the provider is legally required to send us and information of concern that we had received.

During our inspection we spoke with nine people who lived at the home and two visitors. We also spoke with nine staff, including care and housekeeping staff, and the registered manager. We spoke with one health care professional for their opinion of the service provided. 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 completed general observations and reviewed records. These included seven people's care records, two staff recruitment records, staff training records, six medicine records and audit and quality monitoring processes.

Requires Improvement

Is the service safe?

Our findings

The recruitment records of staff working at the home showed that the correct checks had not all been obtained by the provider to make sure that the staff they employed were of good character. Disclosure and Barring Service (DBS) checks for one new staff member had not been obtained. Although there was a photograph of another staff member in their file, this was not a clear enough photocopy to ensure the person could be identified and was the person who had been interviewed and employed. This is a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received information prior to our inspection that people were assisted to get up early by night staff members, even though they might not have wanted this or did not usually get up early. We visited the home before day staff arrived to ascertain whether this was accurate and found that eleven people were up and sitting in one of the lounges. Night staff stated they never assisted people to get up without the person's permission and for those people who were unable to say what they wanted, staff followed the person's usual routine. We spoke with three people who all said they had chosen to get up.

We received varied comments from staff we spoke with about whether there were enough staff to meet people's needs. Some staff members were happy that there were enough staff, while others commented that there were particular times in the day, such as during lunchtime, when they felt rushed. A visitor to the home told us that there had been periods prior to our inspection when they had not been able to find any staff to help and that people had to sometimes wait up to 30 minutes for assistance. We observed that lunchtime was busier than other periods on the days of our inspection, but we saw that staff members were available to assist people. The manager and the staff told us that other staff were always available to cover sickness or holidays and that agency staff were rarely used.

However, we also noted that there were only two staff members on night duty, and although these staff members told us that they were able to meet people's care needs, they also told us that they had additional cleaning duties to perform at night. Adequate staffing levels had not been determined using care needs analysis as dependency levels had not always been completed for all people. The number of people who needed two staff members to help them to reposition and the layout of the home meant that there were times during the night when there were no staff members available if someone needed urgent help.

People told us that they felt safe living at the home and that they could talk to staff or the manager if the had any concerns.

Staff members we spoke with understood what abuse was and how they should report any concerns that they had. They all stated that they had had no occasion to do so. There was a clear reporting structure with the manager responsible for safeguarding referrals, which staff members were all aware of. There were written instructions to guide staff and they knew where these were kept. Staff members had received training in safeguarding people and records we examined confirmed this. However, despite this, we became aware of an incident during our inspection that should have been reported as a safeguarding alert, but had not been. We could not therefore be entirely confident that staff would be able to recognise and report safeguarding concerns correctly.

We saw during our visit that some people who lived in the home displayed behaviour that might upset others. Staff members were able to describe the circumstances that might trigger this behaviour and what steps they would take to keep other people within the home safe. We observed one incident where staff members all dealt with the ongoing situation in a calm manner, encouraging the person to relax while giving other people attention in a way that reduced the tension. All staff members dealt with this situation and other situations in the same way and there was a consistent approach, which reassured us that staff members knew how to reduce tension and the risk of people becoming upset. However, we looked at the care plans for guidance about this and saw that there was inadequate information regarding actions staff members should take.

Therefore, there remained a risk that any staff members who were not familiar with a person's needs may not have enough information to help them care and support that person appropriately.

Risks to people's safety had been assessed and records of these assessments had been made. These were individual to each person and covered areas such as; malnutrition,

Requires Improvement

Is the service safe?

behaviour, medicine management, and moving and handling. Each assessment had clear guidance for staff to follow to ensure that people remained safe. Our conversations with staff demonstrated that they were aware of these assessments and that the guidance had been followed. We observed one person being moved using a hoist. The procedure was carried out safely with two staff members as described in the person's assessment. However, we also saw that risk assessments for people who had recently started living at the home had not all been completed.

Servicing and maintenance checks for equipment and systems around the home were carried out. We saw that fire safety equipment had been checked and serviced within the last 12 months and the provider had taken the opportunity to undertake essential maintence and redecoration while there were lower numbers of people living there.

We found that the arrangements for the management of people's medicines were safe. They were stored safely and securely in locked trolleys and storage cupboards, in a locked room. The temperature that medicines were stored at was recorded each day to make sure that it was at an acceptable level to keep the medicines fit for use.

Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their medicines as was intended by the person who had prescribed them. Where people were prescribed their medicines on an 'as required' or limited or reducing dose basis, we found guidance for staff on the circumstances these medicines were to be used.

Staff members had received medicines training. We observed one member of staff giving out medicines at lunchtime. This was done correctly and in line with current guidance which was in place to make sure that people are given their medicines safely. We could therefore be assured that people were given medicines in a safe way to meet their needs.

We recommend that the service consider current guidance about adequate staffing levels to ensure people are safe and staff are available at all times.

Requires Improvement

Is the service effective?

Our findings

We received information prior to our inspection that when people were assisted to get up early (by night staff) they did not always have anything to eat until later in the morning, which sometimes meant a wait of four hours. During our early morning visit we saw that everyone who had got up early had a hot drink and breakfast and that this was offered to them when they initially arrived in the lounge. People told us that they were offered breakfast when they went into the lounge area and staff members confirmed that if people wanted to get up very early they were offered something light to eat with a hot drink before breakfast. We were therefore assured that people did not have to wait a long time before being offered food if they chose to get up early.

The provider was not meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The staff and manager were aware of DoLS, although they did not have an understanding of a clarification of the legislation by the Supreme Court in June 2014, or when they needed to apply for authorisation if they had to deprive someone of their liberty. Entry doors to the main unit and all external doors were locked and people did not have free access outside the home without a staff member. The manager confirmed that there had been no DoLS applications made, despite people living at the home whose liberty was restricted. We discussed this with the manager during our inspection and in response, they contacted the local authority DoLS team for advice. An urgent and standard authorisation was subsequently required to be made for many people living at the home. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although staff members' understanding of their role in supporting people to continue to make their own decisions was good, only some staff members we spoke with told us that they had received training in the Mental Capacity Act.

We saw that care records for some people noted that they lacked capacity in some areas, such as managing their own medicines or when to seek medical advice. Mental capacity assessments had not always been fully completed to determine the least restrictive course of action or who should make particular decisions on behalf of the person.

Where there was an entry in care records about a person's capacity we noted a lack of information to support the decisions that needed to be made by staff on their behalf. For instance, one person had limited communication and required help to make some decisions as a result. However, there was no guidance about how staff should help the person.

Daily care record entries for another person indicated that they might have been restrained during personal care. The manager told us that the person had recently been referred for a mental health assessment to establish whether they had capacity to make decisions. However, there was no information in the person's care records to indicate that this had been in question or that the possible restraint had been carried out as a least restrictive measure in the person's best interests. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke with told us that training had improved in the four months prior to our inspection and enabled them to ask questions and practice what they had been taught. Two staff members told us that they had been put on team leadership training. One of these staff members commented that although they were not employed as a senior carer, they had been told that they worked in that capacity as the most senior person on their shift and therefore would benefit from the training. They also told us that although they had not received specific training to help them meet people's needs, such as dementia awareness, this was being organised. Staff members had also gained a national qualification, such as a National Vocational Qualification or a Diploma, at level two or three in health and social care. A visitor told us they thought staff at the home were competent in their care of people. We observed staff members in their work and found that they were tactful, patient and effective in reducing people's anxiety or aggression and in delivering care.

Staff told us that they felt supported in their work and they could talk to the manager at any time. They told us that they had supervision meetings with the manager in which they could raise any issues they had and where their performance was discussed. One staff member told us that the manager had discreetly observed them recently providing care and then provided the staff member with

Requires Improvement

Is the service effective?

feedback, which had been recorded. Other staff members told us that they received support through staff meetings and where these could not be attended, information was passed on by the manager at other staff gatherings such as staff handover each day.

People were provided with a choice of nutritious food, and they told us they enjoyed the meals offered, with one person commenting that they, "Always get good food". We observed people enjoying the food that they ate. Staff offered people food that they liked and prompted them to eat and drink when necessary. Records showed that where staff had been concerned about people who had lost weight, they had been referred for specialist advice. Some people had been provided with a more specialised diet, such as a puree diet as a result of this advice. The amount of food being consumed by these people was being recorded to ensure they received as much food as they needed to maintain or increase their low weights.

We also saw that staff members adapted their support to each person, whether that required them to prompt the person, supervise or to physically assist them. Staff members helping people were attentive, spoke with people appropriately and allowed the person to eat at their own pace. We saw that people were able to eat and drink where and how they wished, sitting or standing, and they were able to choose which course they ate first.

There was information within people's care records about their individual health needs and what staff needed to do to support people to maintain good health. People saw specialist healthcare professionals, such as community consultants, opticians, GPs and district nurses when they needed to. The manager stated that she was working with local health care professionals to improve the working relationship the home had with them. We spoke with one health care professional who confirmed that they had an improving working relationship with staff at the home; issues were reported quickly, staff followed the advice they were given and they knew people and their needs well.

Good

Is the service caring?

Our findings

All of the people we spoke with were happy with the staff members and said that staff were always happy to help them. One person told us that they liked living at the home, "For the company" and another person described staff as, "A very pleasant crowd". All of the visitors that we spoke to told us that the staff were kind, caring and compassionate. They all said that staff did as much as possible in caring for their relatives. One visitor said, "The quality of the care home has improved no end", while another person's visitor said, "The staff are lovely, I have not met one I did not like". They went on to say that they were sure their relative liked the staff as their face lit up when staff members came to talk with them.

During our inspection we heard and observed laughter and most people looked happy and contented. They were relaxed with the staff who were supporting them. Staff engaged in meaningful conversations with people and we saw that they were treated as individuals. We also watched staff members playing a variety of games with people, which were thoroughly enjoyed. Music was playing and some staff members sang along with songs they were familiar with, which some people joined in with. We saw that even where some people appeared to be sleeping or withdrawn from the activity around them, they were tapping their feet to the music.

All of the staff were polite and respectful when they talked to people, in fact nearly all of the interactions staff members had with people were positive and caring. One staff member was spoken to by two people at the same time, but had also been called away by another staff member to assist another person and had effectively ignored both of the people who had spoken to her. The staff member returned to the room and apologised to the two people who had spoken to her, explained why they had not received a response and went on to have conversations with both people while assisting them. Staff made good eye contact with people and crouched down to speak to them at their level so not to intimidate them.

We observed staff communicating with people well. They understood the requests of people who found it difficult to verbally communicate. When asked, staff members demonstrated a good knowledge about how people communicated different feelings such as being unhappy or in pain so that they were able to respond to these.

We observed staff respecting people's dignity and privacy. They were seen quietly asking people whether they were comfortable, needed a drink or required personal care. They also ensured that curtains were pulled and doors were closed when providing personal care and knocked on people's doors before entering their rooms. One person's visitor told us that they thought staff were observant of what was happening at any given time and commented on quick and discreet action that a staff member had taken when one person's clothing had ridden up.

There was variable information in relation to people's individual life history, likes, dislikes and preferences in care records, although staff were able to demonstrate a good knowledge of people's individual preferences. One person told us of their food preferences and said that staff members ensured they were never given one of their particular dislikes. A staff member, without previous knowledge of our conversation with the person, acknowledged this food preference during their conversation with the person when serving their lunch. From our conversations with staff it was clear that they regarded each person who lived at the home in a very positive, meaningful and individual way.

Staff involved people in their care and discussed with them when and how they would like to carry out particular activities, such as going to the toilet or returning to their rooms. We observed them asking people what they wanted to do during the day and asking them for their consent. People were given choices about what to eat, drink and where to spend their time within the home. We observed that staff members continually watched people while we were speaking with them to ensure they were able to offer help if required.

Relatives told us that they were involved in their family member's care. We saw that people's records detailed when they had been contacted by staff at the home and the context of those conversations.

Requires Improvement

Is the service responsive?

Our findings

Care plans were in place for most people to give staff guidance on how to support people with their identified needs such as personal care, medicines' management, communication, nutrition and with mobility needs. However, the information provided was variable in its level of detail about what was important to people, their daily routine and what activities they enjoyed. Some plans were available in more than one person's care records, they were pre-printed, basic, giving little or no individual information about the person. For example, one plan gave general advice about a specific medical condition. There was no description of how the condition actually affected this person at all, which meant that the information did not provide the appropriate or correct guidance as the person's condition was at a more advanced stage than that described in the plan. Other plans contained more detail but were written in a task orientated way that provided little guidance for staff in how the individual needs for each person should be met.

One person had no care plans at all to guide staff members, although they had been living at the home for two weeks. Their care needs were such that staff members were required to make decisions about when they needed to be repositioned, how to reduce the risk of further pressure ulcers and how to meet the person's eating and drinking needs. A senior staff member was not able to show us any information about this person and referred us to the manager. We spoke with the manager about this, who told us that the person's care plans were being recorded on a new electronic care planning system, although this was not available to staff members at the time of inspection.

We saw that the recorded amount that people had drunk in 24 hours had not been added up and that there was no guidance in people's care plans regarding how much they should drink each day or what to do if they did not drink enough. Staff members told us that they mentally added how much people had drunk during the day and encouraged them with more fluids if they felt this was insufficient. They would then contact a health care professional if they thought there was a problem. However, this type of ad-hoc system meant that one person received 700ml or less on three out of five days. This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People living in the home told us that staff members helped them with everything they needed support with. They said that the manager and staff were approachable, listened to them and they had no concerns about the service they received. Staff members told us that information was available for people if they wanted to make a complaint. Staff felt that visitors knew how to raise concerns and complaints and that they would either speak with a staff member or the manager.

We observed that staff were responsive to people's needs. They were available when needed and we saw that people did not have to wait for attention during the day, although we had concerns about whether there were enough staff available at night to ensure people's needs were promptly met. Staff members anticipated when people may need help and this showed us that they knew people's needs well. For those people who were not able to get out of bed, we saw that they received care from staff members at appropriate intervals to reduce the risk of pressure ulcers developing. They provided people with drinks when they indicated that they were thirsty, food when it was requested and personal care in a timely manner.

Although we saw that charts and records associated with care, such as repositioning and food intake charts, had been started, we noted that not all charts had been fully completed. Food charts showed the food or meal provided and how much had been eaten, but not how much had been on the plate initially. This meant that the amount of each food group (vegetable, protein or carbohydrate) eaten could not be ascertained.

People had access to a number of activities and interests organised by staff members. This included events and entertainment, or time with people on an individual basis. The staff member told us that although a programme was available, activities were flexible, depending on how people were feeling and what they wanted to do. On the two days of our inspection we saw that staff members sat with people and talked with them about films or magazines they had. We watched as people enjoyed musical entertainment, during which both they and staff members

Requires Improvement

Is the service responsive?

sang along with songs they were familiar with. The manager stated that staff were making plans to involve people in the local community by visiting the village and encouraging people from the village to visit them.

Staff told us that they encouraged people to keep in touch with family and other individuals who were important to them. Records were kept that confirmed this and we saw that people regularly saw friends and relatives. We saw in one person's records that their family had been kept up to date with their condition and their family's thoughts around the person's care preferences were also detailed.

Requires Improvement

Is the service well-led?

Our findings

The home had a recent change in management and provider, with the new provider taking over in October 2014. The registered manager has been in post since 01 February 2015. The manager told us that they worked in a friendly and supportive team. They said that the provider promoted a culture where people, staff and their relatives could raise concerns that would be listened to and dealt with. They told us that they felt supported by the management team and felt confident that any issues raised would be dealt with.

The manager completed audits of care records, maintenance and domestic areas that fed into the provider's quality monitoring report. We saw that audits for November and December 2014 identified issues, but that actions to resolve these issues had not been fully developed. For example, records such as dependency assessments or care records had been identified as not completed or lacking information or guidance. Information about the specific actions required, who was responsible for this and how it would be monitored to ensure the action had been taken was not available. We found during our inspection that care records had not been completed for everyone at the home and they did not all contain adequate information.

The provider visited the home every week to check on how the home was running and that audits were carried out each month. These visits did not identify any additional issues, which showed us that the manager's assessing and monitoring procedures were robust enough to identify problems but needed work to ensure action was taken to improve areas of shortfall more quickly.

During our observations, it was clear that the people who lived at the home knew who the manager was and all of the staff who were supporting them. The relative we spoke with told us that the home had improved since the change in owner, the manager was friendly and approachable and they commented that it felt like a positive place, "More homely than institutional".

Staff spoke highly of the support provided by the whole staff team. They told us they worked well as a team and supported each other. This was noted when help was needed in various areas in the home. They knew what they were accountable for and how to carry out their role. They told us the manager was very approachable and that they could rely on any of the staff team for support or advice.

Staff said that they were kept informed about matters that affected the home through supervisions, team meetings and talking to the manager regularly. They told us about staff meetings they attended, including night staff, and that the manager fed back information to staff who did not attend the meetings. This ensured that staff knew what was expected of them and felt supported. Staff told us that their morale was very good and demonstrated that they understood their roles and responsibilities.

Several staff members told us that the manager had an open door policy, was visible around the home and very approachable. We observed this during our inspection. One staff member told us that the manager was a 'breath of fresh air'. Staff were aware of the management structure within the provider's organisation and who they could contact if they needed to discuss any issues.

No formal questionnaires had been sent to people or their relatives due to the short length of time since the new provider (owner) had come into place. However, an informal process to gather people's views about the service they received had started. The views of people's relatives had been sought after the sale of the home during a meeting with the manager. The manager stated that all relatives had been invited to the initial meeting and further meetings were planned to continue to involve people's family in the running of the home.

A copy of the home's complaint procedure was available in the main reception area and provided appropriate guidance for people if they wanted to make a complaint. The manager said that the home had received no written or formal complaints in the past 12 months. However, we became aware of one complaint during our inspection. The manager said they had not been aware of this and the complaint had been forwarded to the provider's head office. Further details were available and action had been taken to address the complainant's concerns.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment People who used the service were not protected against the risks associated with restrictions on their liberty. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People who used the service were not protected against the risks associated with the inappropriate or unsafe recording of care provided. This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent People who used the service were not protected against the risks associated with inadequate mental capacity assessments and best interest decisions. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed People who used the service were not protected against the risks associated with inadequate or incomplete recruitment checks of new staff members. This is a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.