Bupa Care Homes (CFHCare) Limited

# Old Gates Residential and Nursing 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? | Requires Improvement |
| Is the service well-led? | Good |

## Overall summary

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, and to pilot a new process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. During the visit we spoke with 12 people who used the service, four relatives, nine staff, a visiting health professional, the registered manager and the area manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal

# Summary of findings

responsibility for meeting the requirements of the law; as does the provider. Following the visit we contacted a further three relatives by telephone to ask them their opinion of the home.

Old Gates Residential and Nursing provides accommodation, in three units, for up to 90 people who need either nursing or personal care and support. These units are Cherry, Rowan and Holly. Care and support is also provided for people who have a dementia. There were 82 people living at the home on the day of our inspection.

We received mainly positive feedback about the home from people who used the service, relatives and health professionals. During our inspection we observed good interactions between staff and people who used the service.

People who used the service told us they felt safe and well cared for in the home. We saw evidence of training provided to staff in safeguarding adults. Staff we spoke with were able to tell us appropriate procedures to take if they suspected abuse was taking place and they were aware of the whistleblowing policy for the home.

On the day of our visit we noted standards of cleanliness in parts of the home required improvement, in particular some of the communal bathrooms. However, the home was in a good state of decoration and its layout supported people to maintain their independence and well-being as much as possible as all areas were on the same level.

One person who used the service and their relatives told us there were not always enough staff to meet their needs in a timely way. This view was confirmed by staff on both Cherry and Holly units. There were no issues raised about staffing levels on Rowan unit.

Staff had received training in the Mental Capacity Act 2005. However, not all staff understood the implications of people being subject to the Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make certain decisions for themselves.

We looked at nine care records and found, on all of these records, assessments of people's capacity to make particular decisions were not completed in line with the requirements of the Mental Capacity Act. This is a breach of the regulations as the provider did not act in accordance with legal requirements where people may lack the capacity to make decisions about their own care and support.

Medication risk assessments were not in place on three of the records we looked at in order to provide staff with information as to what they should do if a person refused to take their medicines. Policies and procedures had not been followed to ensure appropriate safeguards were in place when medicines needed to be given in food or drink. This is a breach of the regulations as the provider did not have appropriate arrangements in place for the safe administration of medication.

There were systems in place to provide staff with support, induction, supervision and training. Staff told us they enjoyed working at Old Gates and considered they received the training and support they needed to effectively carry out their role.

People's health needs were assessed and staff ensured appropriate services were in place to meet these needs, including speech and language therapy and palliative care services. Where necessary, staff provided support to ensure people's nutritional needs were met.

All the records we looked at showed people's care plans and risk assessments were updated to reflect their changing needs. Although people who used the service told us they could not recall being involved in reviewing their care plan, they felt the care they received was appropriate to meet their needs.

Staff on two of the units in the home told us they did not always have enough time to respond to people's needs in a timely manner. We were told that this meant people were not always able to have a bath or shower when they requested it. This is a breach of the regulations as the provider did not ensure that, at all times, there were enough qualified and experienced staff to meet the needs of people who used the service.

Although group activities were provided regularly at the home, we found there was a lack of attention paid to people's individual social needs.

# Summary of findings

The registered manager investigated and responded to people's complaints in line with the provider's complaints procedure. All the people we spoke with knew how to make a complaint and were confident their concerns would be taken seriously.

There were a number of quality assurance processes in place at the home. The registered manager had also introduced initiatives to develop best practice and consistency in caring for people at Old Gates.

Staff told us they enjoyed working in the home and were always able to approach senior staff for advice or support.

We have identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take in 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

The service needed to make improvements to ensure people were safe.

People we spoke with told us they felt safe living at Old Gates. Staff we spoke were aware of the procedure to take if they suspected abuse had taken place and confirmed they had received training on this subject.

We saw staff had access to policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). However, not all staff were aware of the impact of these legal safeguards being in place for a person who used the service. Records of assessments of people's ability to make their own decisions were not always fully completed. This meant there was a risk that people using services might not receive safe and appropriate care.

Records relating to the administration of medicines were not always fully completed in order to adequately safeguard people.

**Is the service effective?**

Requires Improvement

The service was not always effective.

There were systems in place to support, train and develop staff. Staff told us they considered they received the training they required to be effective in their role.

Systems were in place to ensure people's needs were regularly reviewed and care plans updated to reflect any changes in the care and support they required.

People's nutritional needs were met, although some people were not always satisfied with the choice of food available.

**Is the service caring?**

Good

The service was caring.

Ten of the twelve people we spoke with told us staff were always kind and caring. During our inspection we observed positive interactions between staff and people who used the service.

**Is the service responsive?**

Requires Improvement

The service was not sufficiently responsive to people's needs.

Staff on Cherry and Holly units told us there were not always enough staff on shift for them to be able to respond to people's needs in a timely manner.

We found people did not always receive the individualised care they needed in order to ensure their diverse social needs were met.

# Summary of findings

**Is the service well-led?**

Good

The service was well-led.

The home had a registered manager in post who was responsible for the quality assurance systems in Old Gates. The manager had also introduced initiatives to support the development of best practice and consistency in the home.

Staff told us they were happy working in the home and felt they received good support from senior staff.

# Old Gates Residential and Nursing Home

**Detailed findings**

## Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

We visited the service on 17 and 18 July 2014 and spoke with 12 people who used the service, four relatives, nine staff, a visiting health professional, the registered manager and the area manager. This was an unannounced inspection. Following the inspection we contacted a further three relatives by telephone to gather their opinions about the service.

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has person experience of using or caring for someone who uses this type of care service. Our expert had experience of residential care services.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us and the pre-inspection information pack that they had completed. We contacted the Local Authority safeguarding team and the commissioners of the service to obtain their views. We also received information from two health professionals who regularly visited the service. This helped us inform what areas we would focus on as part of our inspection.

During the inspection we observed care and support in the communal areas of all three units of the home. We spoke with nine people in the communal areas. With their consent we also spoke with three people in their bedrooms. We looked at nine electronic care records which detailed the support people received and a range of records relating to how the service was managed.

Requires Improvement

# Is the service safe?

## Our findings

All of the nine people we spoke with who used the service told us they felt safe. Comments people made to us included, "I feel safe here" and, "We are well looked after". One person told us they did not need much assistance with personal care but always felt safe when staff helped them take a shower. Another person told us they were able to do most things for themselves but did need some help when bathing which they said staff did carefully and with respect for their privacy.

Most of the relatives we spoke with were positive about the care their family member received and told us staff were always kind and gentle when providing personal care. One person told us, "I visit a couple of times each week and the staff are always very caring with my relative and treat them with dignity". Two relatives were less happy about some of the care their family member had received but did not express any concerns about their safety in the home. None of the people we spoke with expressed any concerns about bullying or harassment in the home.

We were aware from information the provider sent to us prior to the inspection that one person was being deprived of their liberty in the home. Although the correct procedures had been followed to ensure this deprivation was legally authorised under the Deprivation of Liberty Safeguards (DoLS), two of the three staff we spoke to in the unit where the person lived were unaware of the implications of these safeguards being in place. This meant there was a risk the person might not receive appropriate care. The person who was subject to these legally authorised restrictions was unwilling to speak with us on the day of our inspection The registered manager told us they would take action to ensure staff fully understood the Deprivation of Liberty Safeguards.

We looked at the care records for nine people who used the service. We noted these records contained mental capacity assessments; however these were general in nature and did not relate to specific decisions which people might need to make, such as whether to take the medicines they had been prescribed. One person's record contained confusing and contradictory information about their capacity to make decisions. This meant there was a risk people's rights might not be upheld. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as the provider did not have suitable arrangements in place to gain and review consent from people who used services and take appropriate action should people lack the capacity to make their own decisions.

We asked people about the support they received to take their medicines. All of the people we spoke with told us they always received their medicines at the time they should take them.

Staff responsible for administering medicines told us they had received training for this role. They had also been observed by the unit manager to ensure they were competent to complete this task safely. However, we observed a medication trolley was left locked but unattended in the dementia unit by a staff member for a short period during the inspection with a pair of scissors on the top. These posed a potential safety risk if picked up by a person who used the service. We raised this with the staff member concerned who told us they did not usually leave the trolley unattended but would ensure the scissors were stored safely during the medication round. Our observations later in the inspection confirmed this had been done.

Medication assessments were completed for each person. We saw one assessment recorded that the person sometimes refused medication but there were no additional assessments in place in relation to the person's capacity to make this particular decision or the risks associated with it. This meant it was not clear whether staff were expected to take any action should the person refuse their medication.

We were told by the manager one person's medication was at times administered covertly in food or drink if they refused to take it. Records we looked at confirmed the GP had suggested this, although the records we looked at did not show that they had carried out an assessment of the person's capacity to make a decision about whether to take the medicines they were prescribed. In addition the registered manager told us a best interests meeting had not taken place to involve other professionals and the person's relatives in discussing whether the use of covert medication was appropriate. We noted the home's medication policy clearly stated that this was the procedure which should be followed if the covert administration of medicines was being considered. In addition there were no risk assessments in place for staff to follow should the person who used the service not finish

# Is the service safe?

the food or drink in which the medication had been placed This meant there was a risk people might not always receive the prescribed dose of their medication. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as the provider did not have appropriate arrangements in place for the safe administration of medicines.

Staff told us they had received training in safeguarding of adults. This was confirmed by staff training records we looked at. All the staff we spoke with were able to tell us how they would respond to allegations or incidents of abuse; they were also aware of the lines of reporting concerns in the service. Information we reviewed prior to the inspection provided evidence that the registered manager had reported safeguarding incidents to all relevant authorities including CQC and, where necessary, the police.

All the staff we spoke with told us they had received training in the Mental Capacity Act 2005. This legislation is intended to ensure people receive the support they need to make their own decisions wherever possible. Policies and procedures were in place to provide guidance for staff about their responsibilities under this legislation. Staff were able to give us examples of the day to day decisions they supported people to make, for example the clothes people chose to wear or the food they wanted to eat.

Records we looked at confirmed the service had robust recruitment and selection procedures in place. Information we had received from the local authority confirmed the registered manager at Old Gates had taken appropriate action to investigate and, where necessary, address any concerns regarding the conduct of staff in the home. We found staff were able to access a confidential 'Speak Up' helpline to report any concerns they had about unsafe practices in the home. We were told any concerns raised with the helpline were passed to the appropriate manager to be addressed.

We asked the registered manager about they ensured there were sufficient numbers of staff on duty to meet people's needs. This was because staff on Cherry and Holly units had told us they did not feel there were always sufficient numbers of staff available to respond to people's needs in a timely manner. We were told in the past there had been five staff in the mornings on each of these units but that this had been reduced to four on most shifts. Comments staff on these units made to us included, "It's a struggle if there are only four staff on as a lot of people need two staff to support them", "We haven't always got as many staff as we would like. This means it's sometimes difficult to respond to people" and, "I don't feel residents are getting what they need due to staffing levels".

We were told a dependency assessment tool was not used in the home to determine staffing levels but a thorough pre-admission assessment was always completed to help to ensure sufficient numbers of staff were available to meet people's needs. The registered manager told us the dependency needs of people who used the service were regularly reviewed in order to ensure sufficient staff were available to meet their needs. However they told us they would review the staffing levels on each unit as a result of the comments made to us during our inspection.

The registered manager told us there were continued difficulties in the recruitment of trained nursing staff to the home. We were told a recruitment drive was in operation in an effort to improve this situation. The registered manager told us that, when agency nursing staff were used to cover any gaps on shift, an umbrella company was used by the organisation to source these staff. However, attempts were always made to use agency staff who had previously worked in the home to try and ensure consistency of care for people.

We were told volunteers were recruited to work in the home through a local organisation. This organisation ensured appropriate checks were undertaken before a volunteer was placed in Old Gates. An activity coordinator was also in the process of being recruited to the home.

During our inspection we noted concerns with the cleanliness and hygiene of the home. For example, two communal bathrooms in one of the units had not been cleaned properly and people's personal items such as toiletries, clothing and footwear had been left in them. The registered manager could not confirm that these had not been shared by people who used the service The sharing of such items by people could present a risk of cross infection**.** We noted a shower room was being used to store equipment, including pressure relief cushions which we saw needed cleaning. We discussed our concerns with the registered manager who made immediate arrangements for the areas to be cleaned and freed from all unnecessary items.

Requires Improvement

# Is the service safe?

None of the people we spoke with expressed any concerns about the cleanliness of the home although the relatives of one person who used the service told us they did not feel commodes were always emptied as promptly as they should be. This view was confirmed by our observations during the inspection when we noted a malodorous smell around some open bedroom doors. We discussed this with the registered manager who told us they would remind staff of the need to promptly empty and clean commodes.

At the start of our visit we noted cupboards used to store dressings and personal protective equipment on two of the units had been left unlocked. The registered manager told us she would speak with staff and remind them of the need to keep the doors locked in order to prevent people who used the service from gaining access to materials which could pose a risk to them. However, we checked the cupboard doors on one of the units again in the afternoon and found they remained unlocked. As a result of this the registered manager told us they would make arrangements for keypad locks to be fitted to the doors. These would assist in ensuring equipment was stored safely in the home.

Requires Improvement

# Is the service effective?

## Our findings

People who used the service and their relatives told us they were confident that staff had the right skills and knowledge to effectively carry out their role. One person told us they were appreciative of the fact that staff were well trained and able to provide them with the care and support they needed to manage their complex health condition. Another person told us the help they received from staff to remain in close contact with their spouse, who was resident in a different unit in the service, was critical to their own well-being.

Staff told us and records confirmed that they had received training in a range of topics relevant to their role. These included infection control, nutrition and hydration, moving and handling and fire safety. We saw staff had also received training related to people's needs which included care of people with dementia and behaviour that challenges.

Seven of the staff we spoke with told us they had completed a robust induction programme when they started at the service, including shadowing more experienced staff before they were expected to work independently on the rota. However, two staff told us they felt they had been; "thrown in at the deep end" when they started working at the service. One of these staff had not worked previously in a care environment. This meant there was a risk people might receive unsafe or inappropriate care from staff who were not fully confident and experienced.

Staff told us they received good support and supervision both from the unit managers in the home and the registered manager. We saw team meetings had taken place on two of the units and plans were in place to arrange a meeting on the third unit once the newly appointed unit manager had settled in. The registered manager told us they intended to also introduce a series of 'whole home' meetings for staff in order to improve communication and promote best practice in the home.

We saw there were systems to ensure people's nutritional needs were met. We observed people were asked on a regular basis if they wanted drinks during the day of our inspection. Staff told us they also gave people ice lollies during the extremely hot weather to try and ensure they remained hydrated. During the inspection we observed, where necessary, people were provided with individual assistance to eat their meals. We saw people were provided with meals which were presented in a way which met their needs for example soft diets.

People made contradictory comments about the food served in the home. While some people were happy with the quality and choice of food, other people told us they were less satisfied with the food options and the quality of the food since the menu had changed. Four of the nine staff we spoke with also raised concerns that the type of meals now served did not always reflect the preferences or needs of people who used the service. We discussed this with the registered manager who told us the menu had recently changed to ensure consistency and nutritional monitoring of meals served to people across the whole organisation. However, they advised us that it was still possible for people to choose options which were not on the menu. They told us they would ensure the chef and care staff were fully aware of this. They also told us they would ensure the choice of food available was discussed at the next meeting with residents and relatives.

Care files we looked at recorded people's health needs. All the people we spoke with told us staff would always request a doctor for them if there were any concerns about their health. This was confirmed by all the relatives we spoke with. Health professionals told us staff would always act on any advice given and made appropriate and timely referrals if they had any concerns about a person's health. This included referrals GPs, the speech and language therapy team and district nurses.

The decoration on all of the units was of a good standard and furniture in the communal areas was of a domestic nature. In the unit which supported people living with dementia related needs we saw bedroom doors had been personalised to help people to recognise their own personal space.

We noted the home was designed to enable people access to outdoor space as independently as possible. All units were on one level and people had access to garden and courtyard areas. Some bedrooms had direct access to a patio area.

Good

# Is the service caring?

## Our findings

Ten of the 12 people we spoke with who used the service said they felt the staff treated them with care, kindness and respect. Comments people made to us included, "The staff are very kind and caring, day and night" and, "I really like it here, the staff are wonderful and they are very nice people". One person did not make any comments about the staff and another person described some staff as being, "off hand" with them. This had been raised with the registered manager by the person's relatives on the day of our inspection. The registered manager confirmed they would be undertaking an investigation into the complaint.

During the inspection we observed staff to be kind and caring when interacting with people. We saw that staff were patient when caring for people who were agitated or distressed. We saw staff were able to use a variety of techniques to reassure or distract people when necessary.

We noted the pre-inspection information pack sent to us by the provider did not include any information about people's needs in relation to their religion or sexual orientation. We discussed this with the registered manager who told us they did usually record people's religious beliefs on admission to the home but that sexual orientation was not discussed. This meant there was a risk that people's diverse needs were not fully understood by staff and care might not be provided to meet all of their needs.

People who used the service did not recall having much formal involvement in reviewing their care needs with staff. However, all except one of the people we spoke with told us the care they received was appropriate to their needs and staff always respected their dignity and privacy when providing support. During our inspection we observed staff responded to people's needs in a way which promoted their dignity.

The registered manager told us there was a 'resident of the day' system in place. This involved staff reviewing the person's care plan and associated risk assessments. However, this did not include the involvement of the person concerned. The registered manager told us they would consider how they could improve the involvement of people who used the service in this process.

Relatives we spoke with described a much higher degree of involvement in either agreeing or reviewing their family member's care plan. One relative told us, "The staff keep good records and I see the care plan is regularly updated". However, relatives of one person told us they had not been invited to any review meetings even though their family member had been resident at Old Gates for 12 months and they had some concerns about the level of care provided. We discussed this with the nurse in charge of the unit where the person lived. They told us they had only just started work at the home but intended to arrange a review meeting for the person concerned as soon as possible.

Records we looked at provided evidence that people had been asked about their wishes and preferences for care at the end of their life. The registered manager told us the home had good relationships with specialist palliative care services who visited the home regularly to ensure people had the care and support they needed at the end of their life.

Nursing staff we spoke with told us they worked in partnership with palliative care services and GPs to ensure people were free from pain at the end of their life. We saw a plan was in place for staff to complete the 'six steps programme'. This is a nationally recognised programme which aims to train staff to recognise end of life situations and to manage them more effectively, working in partnership with individuals, their families and carers and other organisations to deliver the best quality of care.

Requires Improvement

# Is the service responsive?

## Our findings

Care records we looked at showed that people's needs were assessed before they were admitted to the home. Care plans included details about the care people needed but there was limited information about people's individual interests, social needs or the activities they would like to do. All the care plans we looked at had been regularly reviewed and updated.

We asked staff we spoke to whether they were able to respond to people's needs in a timely manner. One staff member on Holly unit told us they had been approached that day by a person who used the service requesting support to have a shower. However, they had been unable to respond to this request as the person had taken a shower two days previously. They told us, due to staffing numbers, they needed to prioritise people who had not had a bath or shower for several days, although they did not feel this was acceptable. They also told us only a small number of people on the unit got regular baths and that was only because; "they complain or cry about it". This is a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as the provider did not ensure that, at all times, there were enough qualified and experienced staff to meet people's needs.

We raised our concerns about the staffing levels with the registered manager and the impact on the personal care people using the service received. They told us they had not been made aware that people using services had not had access to a bath or shower when they wanted to and acknowledged this was unacceptable. In addition to reviewing staffing levels for each unit, they told us they planned to introduce a 'barriers to care' meeting with staff which should provide a forum for such issues to be discussed.

We saw that there was a programme of activities in the home. We were told people from all three units were supported to attend the group activities if they wished. On the day of our visit a group of young people were giving a drama performance on one of the units. However, we saw little evidence of staff undertaking individualised activities with people. When we asked staff about this we were told if people did not attend the organised activities there was little else on offer. We spoke with one person who told us they were interested in fishing; we noted this had not been recorded in the person's care record and staff told us they were unaware of this interest. The registered manager told us they would discuss this with the person concerned to see how this interest could be supported.

We looked at the most recent satisfaction survey completed by people who used the service in Autumn 2013. We saw that most of the responses had been very positive with over 90% of people saying they were happy with the staff, food and environment. However, only 63% of people were satisfied with the activities provided by the home and 20% rated the choice of activities as poor.

We discussed with the registered manager how they supported people to meet their individual social needs to prevent boredom and reduce social isolation. The registered manager acknowledged individual activities could be improved in the home and they would review what action they would take to better support people in this area.

People told us they were aware of how to make a complaint should they be dissatisfied with the care provided in Old Gates. They told us they had confidence in both the unit managers and the registered manager and believed their concerns would be taken seriously. We saw evidence that the registered manager had dealt with any complaints in accordance with the organisation's complaints policy. They told us learning from complaints was always discussed with staff to help ensure continuous improvement in the service.

Good

# Is the service well-led?

## Our findings

The registered manager had been in post since March 2014. We received positive comments about the registered manager from people who used the service, relatives and health professionals.

The registered manager accompanied us on a tour of the service at the start of our inspection. This allowed us to observe their interactions with staff, people who used the service and visitors which we found to be positive. The registered manager told us they met with people who used the service on a regular basis, both formally and informally in order to gather their views about the support they received.

All the staff we spoke with told us they enjoyed working in the home. They said the staff team worked well together and managers were always available to provide advice or support. Comments staff made to us included, "I like working here. I find the unit I work on interesting", "We have good team work" and "The unit manager is excellent. She would do anything for any resident or member of staff".

Staff told us they felt they were treated fairly by the management team. They were confident to raise any issues with either the unit manager or the registered manager and felt they were always listened to. All staff told us they would have no concerns about raising any issues of poor practice with senior staff and believed they would be protected if they were to do so.

Staff told us staff meetings took place on each of the units. The registered manager told us they also intended to introduce 'whole team' staff meetings in order to ensure the consistency of care provided in the service. The registered manager told us they also intended to organise a meeting for relatives of people who used the service to discuss recent changes, including the change to menus in order to receive their feedback and make improvements where necessary.

We saw there were quality assurance systems in place in the home. These included internal audits completed by the registered manager regarding incidents and accidents which occurred in the service, the training staff received and the quality of care plans. A process of external audits was also undertaken by the quality assurance team in the organisation.

The registered manager told us they had introduced a system of 'champions' in the home for areas including infection control, putting people first. They also intended to introduce a dignity champion. They hoped this would support staff to provide excellent care and ensure consistency of practice in the home.

On the second day of our inspection the area manager was on site for a planned meeting with the registered manager. The area manager told us she would be supporting the registered manager to continue to develop best practice in the home.

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<br>Treatment of disease, disorder or injury | Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment<br>**The provider did not act in accordance with legal requirements where people may lack the capacity to make decisions about their own care and support.** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Treatment of disease, disorder or injury | Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines<br>**People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to safely manage them.** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Treatment of disease, disorder or injury | Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing<br>**People's health and welfare needs were not met by sufficient numbers of qualified, skilled and experienced staff.** |