

## Sunridge Housing Association Limited

# Sunridge Court

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We carried out an unannounced inspection of this home on the 22 and 28 January 2016.

Sunridge Court residential home is a care home providing accommodation and support for up to 43 older people, some who are frail and may be living with dementia and others who are independent. The home is situated over three floors, including a basement area. At the time of the inspection 41 people lived at the home.

There is a registered manager 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.

At this inspection we found medicines were not managed safely. Control drugs were not managed safely. Audits of medicines had not picked up the errors to ensure that control drugs were safe and within the requirements of the law.

# Summary of findings

People were given individual support to take part in their preferred hobbies and interests. There was a programme of activities at the home and people told us that they participated in these. However, care plans did not always reflect people's individual needs.

People told us and demonstrated that they were happy at the service by showing open affection to the staff who were supporting them. Staff were available throughout the day, and responded to people's requests for care. Staff communicated well with people, and supported them when they needed it. There were systems in place to obtain people's views about the service. These included reviews and informal meetings with people and their families.

People were confident that the manager would deal with any complaints appropriately. People and relatives told us they had no concerns. Staff had been trained in how to protect people, and they knew the action to take in the event of any suspicion of abuse towards people. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the manager or outside agencies if this was needed.

People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs. The provider and staff contacted other health professionals for support and advice.

People were provided with diet that met their needs. Menus offered some choice. However, people felt that improvements were required to the way food had been prepared and told us they would like more fresh food. We observed that staff offered people drinks throughout the day.

Staff were subject to the necessary checks before starting employment, however the provider did not always follow their own recruitment policy and procedures. Risks assessments lacked details of how risks could be minimised and some risks had not been identified. There were systems in place to monitor the quality of the service, however these were not always effective in ensuring that medicines were safely managed, staff received regular supervision and appraisals, appropriate risks were identified and care plans were in place.

We found a number of breaches relating to medicine management, staff recruitment, consent and staff support.

# 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. Medicines were not safely managed.

People and /or their families told us that they felt their relatives were safe living in the home, and that staff cared for them well.

Staff had been recruited safely. There were enough staff deployed during the day to provide the support people needed.

Staff had received training on how to recognise the signs of abuse and were aware of their roles and responsibilities in regards to this.

**Requires improvement**



### Is the service effective?

The service was not always effective. People and relatives said that staff understood their individual needs. Although staff said they felt supported in their roles, records showed that staff had not received supervision or an appraisal in line with the provider's policy and procedures.

Staff understood the MCA and the importance of asking consent before providing care. However, people's capacity to make decisions about their care was not assessed.

The menus offered people variety, however, feedback from people using the service indicated that the quality of the food could be improved.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

**Requires improvement**



### Is the service caring?

The service was caring. People were treated with dignity and respect.

Staff were supportive, patient and caring. The atmosphere in the home was welcoming.

People told us they were involved in making decisions about their care and staff took account of their individual needs and preferences. Relatives were invited to care plan reviews for their relative.

**Good**



### Is the service responsive?

The service was not always responsive. People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people. However, care plans were not in place for medicines and people with incontinence needs.

People and their relatives were given information on how to make a complaint and information about how to make a complaint was displayed in at the home.

**Requires improvement**



# Summary of findings

People were supported to maintain their own interests and hobbies.

## Is the service well-led?

The service was not always well-led. People, relatives and staff felt the service was well led. However, audits were not always effective.

People's views were sought to monitor and improve the service being offered.

The providers' action plan identified areas for improvement and had acted on some of these on the day of our visit.

**Requires improvement**



# Sunridge Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced comprehensive inspection of the service on 22 and 28 January 2016. The inspection team consisted of two inspectors, including a pharmacist inspector.

The service was last inspected in May 2014 and there were no concerns. Prior to this the service was inspected in February 2014 where we found breaches of Regulations 10 and 20 of the Health and Social Care 2008 (Regulated Activities) Regulation 2010 relating to records and quality assurance systems. We served warning notices and the provider met the requirements of the warning notice at the May 2014 inspection.

Before the inspection, the provider completed 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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed interactions between staff and people using the service and spoke with people and staff. We spent time looking at records including six care records, four staff personnel files, reviewed medication administration record (MAR) sheets for three people using the service, staff training records, complaints and other records relating to the management of the service. On the day of our inspection, we met and spoke with seven people living at the service. We spoke with the executive director, deputy manager, two care assistants and the home coordinator.

# Is the service safe?

## Our findings

People and relatives told us they felt safe. Comments from relatives included, “Yes, absolutely. I would not have been happy bringing my relative here if it was unsafe,” and “Yes, I do,” when asked whether they felt their relative was safe living at the home.

Safeguarding policies and procedures were in place and gave staff guidance on dealing with issues of abuse. Staff knew people well and were able to tell us the signs they would look for that would indicate someone may be suffering abuse. Staff knew about whistleblowing and understood the importance of reporting any concerns of abuse to the relevant authority. They were able to tell us the types of abuse and said that any concerns would be reported in the first instance to their manager and if appropriate action is not taken they would report concerns to external authorities, including the local safeguarding authority, police and CQC. Records and staff confirmed that staff had received safeguarding training. They told us that this had helped them to better understand what to do if they suspected abuse and the signs to look for.

Medicines were securely stored, including controlled drugs (CD). Room and fridge temperatures were monitored daily, however the minimum and maximum fridge temperatures were not recorded. On a number of occasions the recorded temperatures were outside the recommended range but no action was taken.

Medicines received from pharmacy were logged in a book and sometimes these were also recorded in the medication administration records (MAR) charts. The remaining quantities could be reconciled with the MAR chart. Stock and administration records for CD were inaccurate. One person receiving a CD medicine had inaccurate entries in the CD book when compared to the administration records in MAR charts. We found two supply packs of controlled drug medicines that were not recorded in the CD book. CDs are subject to legal requirements for recording and storage and are at a higher risk of diversion and abuse.

There were no care plans for medicines to be administered only ‘when needed’, although we observed that staff did offer medicines prescribed as “when needed” to people during lunch time medicine administration. Staff told us that people receiving medicines that needed regular blood monitoring and dose changes were appropriately

monitored however we saw no documented evidence of this in MAR or care plans and risk assessments. Staff told us how they rotated the sites used for administering medicines supplied in patch form. We saw training records for staff, who administer medicines. We saw evidence of medicines management audits carried out monthly, however action points resulting from these audits had not been implemented.

People who were able and wished to manage their own medicines were supported to do so. However we did not find documented evidence of self-administration assessment for people that were managing their medicines. Two people told us that they were happy managing their medicines and described how staff ensured that they had enough supplies. One person requiring diabetic insulin injections had this administered and managed by the district nurse. Staff told us that the GP visited weekly and undertook medicines reviews but we saw no documented evidence of these reviews.

Risk assessments seen included areas such as risk of falls, moving and handling and risk of isolation. Staff knew about risks and gave us examples of how they ensured that people were safe and these risks were managed. For example, people at risk of falls, they would ensure that they did not have any objects obstructing their access and people at risk of dehydration having enough to drink. The provider was aware of the need for further improvements to ensure that risk assessments are in place and provide staff with clear guidance on how these risks are mitigated. The executive director told us that people were offered drinks throughout the day and we saw evidence of this during our inspection. She also told us that they intend to implement the Malnutrition Universal Screening Tool and a new risk assessment and care planning format in the next month.

**The above is evidence of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.**

The service had a recruitment policy in place. Safe recruitment practices were followed when new staff were employed. Staff files showed that the necessary checks were carried out prior to staff working with the service, this included Disclosure and Barring Service criminal checks, proof of address and identity and obtaining references. However we saw that there were a number of gaps. Two of the four staff files reviewed did not have references on file;

## Is the service safe?

one file contained an incomplete application form with no address details provided of the previous employer. We found no evidence on staff files that interview assessments had taken place in accordance with the provider's recruitment policy. The provider was not following their own recruitment and selection policy which stated 'a minimum of two references one of which must be from their current or last previous employer,' and 'assessments made by interviewers are formally recorded on an interview assessment form.' This put people at risk of receiving care and treatment by staff who may not be fit and safe to care for people using the service.

**The above is evidence of a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.**

On the day of our visit we saw that there were suitable numbers of staff on duty to care for people. The staff duty rotas showed how staff were allocated to each shift. The rotas demonstrated there were enough staff on shift, when staff were off sick or on annual leave their shifts had been covered. The executive director told us that staffing levels were based on individual needs and each staff member was responsible for caring for four people. We reviewed the rota which is based on a four week rotation. Most people were independent with staff doubled for people requiring transfers. There was always a manager on shift and a senior manager on call, which was a role shared between the registered manager and the executive director. Staff were allocated at the beginning of each shift, this way people knew the staff member who will be providing care and treatment.

# Is the service effective?

## Our findings

People and their relatives spoke highly of staff and felt staff were good. People living at the home told us, “Staff are very wonderful,” and “Relative’s commented about care staff as, “Outstanding, staff have an understanding of [my relative’s] requirements and do their absolute best to meet [my relative’s] needs,” and “absolutely brilliant.”

All staff underwent a formal induction period which included staff shadowing experienced staff until such time as they were confident to work alone. Staff felt they were working in a safe environment and that they were well supported. Staff had completed training in areas such as, health and safety, safeguarding, administering medicines, equality and diversity, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw yearly mandatory courses planned for 2016 included safeguarding, infection control, moving and handling and health and safety. Other training included MCA and DoLS, equality and diversity and emergency first aid at work. There were opportunities for staff to take additional qualifications and for continual professional development. One staff member received training to develop their management skills and had completed an apprenticeship with the local authority. Another staff member was supported to study their QCF level 3 in health and social care. The executive director told us that all training was delivered by an external organisation who are qualified clinicians. The provider is in the process of registering all staff to complete the Care Certificate which is a set of standards set which health and social care staff must complete.

Staff told us they felt well supported by their manager. One staff member told us, “from the time I started to now I feel completely supported.” Although staff told us that they had received supervision and an appraisal, records for six staff showed that these had not taken place in line with the provider’s supervision and appraisal policy. This stated ‘supervision to be a formal arrangement which enables each member of its staff to discuss their work regularly.’ and ‘every member of staff will have an annual appraisal meeting.’ However, staff did not receive regular supervision and none had received an appraisal. Therefore, staff had not had the opportunity to reflect on their work and identify their personal development needs. The executive

director told us that they had developed a supervision and appraisal matrix and would aim to conduct supervision every two months. This was evidenced in the updated action plan submitted by the provider.

**This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.**

The food was supplied by an external catering company who were responsible for preparing the menu. We saw that the menu was clearly displayed in the dining room. The weekly menu included fresh fruit, vegetables and a range of protein. People told us that they felt that the food required improvement. We received mixed feedback about the quality of food. The comments ranged from “I would like a bit more fresh food than fried food,” “The food is reasonably good,” and “There’s always an alternative if you do not want what is on the menu.” Relatives told us the, “Food is high quality, they cater for the cultural needs of residents.” And “We would happily eat here and we’re fussy people.” Another relative told us that the “Food isn’t great. A lot of it is frozen and comes from an outside supplier.” We saw that the provider had taken action to address this issue and were consulting with people who use the service to make changes.

Regular drinks were provided throughout the day and we saw staff offering people cups of tea and juices. We saw that people had jugs of water in their rooms. One person told us that staff provided fresh water each day. Some people also had fridges in their rooms and were able to store their own drinks. This was confirmed by people using the service. We saw that people were involved in discussions about the quality of the food and able to provide feedback using a ‘resident’s comments card.’ A sub-committee group run and chaired by people living at the home was formed to help people living at the home to address any difficulties they may be experiencing, including issues expressed in relation to the poor quality of the food. We saw that the service had taken action to address concerns raised about the food and was in the process of exploring other options.

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



## Is the service effective?

decisions, any decisions 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. Consent to care and treatment was not sought in line with legislation and guidance. We saw that one person the DNAR form indicated that they did not have capacity to understand resuscitation, however, they did not have a mental capacity assessment to assess whether their capacity before this decision was made on their behalf. Mental health assessments seen on file were incomplete with most sections blank. We saw that care plans were not signed by people using the service. The executive director told us that they had introduced a disclaimer a month prior to our visit asking people to sign to give their consent to care and treatment. We saw evidence of these in two of the five files reviewed. Therefore people's rights were not protected under the MCA.

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

Although staff had received training in MCA and DoLS some staff were not aware of the Deprivation of Liberty Safeguards, which is part of the MCA. DoLS protects the rights of people by ensuring if there are any restrictions to

their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The executive director told us of a previous resident who had been subject to a DoLS authorisation to prevent them from leaving the building for their own safety. Most people living at the home were independent and had their own front door key and everyone could come and go as they pleased. We observed people coming and going on the day of our visit and people told us that they were able to go out into the community. People would let staff know when they were going out for health and safety reasons

People told us they had the access to health services that they needed. We saw on care records that people received health visits from GP who visited the service once a week. This was recorded in a doctor's book, including who was seen by the GP and the outcome documented. This demonstrated people were supported to maintain their health and access to appropriate health and social care professionals. Staff were able to tell us about people's different health needs and what actions they needed to take to ensure people's health was maintained. We saw that one person had regular visits from the district nurse team to change a catheter bag and this had been documented in their care records. People's care records included notes of visits from healthcare professionals.

# Is the service caring?

## Our findings

People and relatives told us that staff were caring and kind. One person told us that staff were “Very caring. When you are ill they do look after you.” Another person told us that staff were, “very caring.” Relatives told us, “I’m happy because [my relative] is happy.” Another relative told us, “[My relative] has flourished since they have been here...This is like a home from home.”

People told us that they were treated with dignity and respect. We observed that staff interacted with people in a respectful manner and knocked on people’s doors before entering. Relatives told us that their relative was treated with dignity and respect. One relative said “100%” when asked if they felt their relative was treated with dignity and respect.

People and their relatives had been involved in planning how they wanted their care to be delivered. Relatives felt involved and had been consulted about their relative’s likes and dislikes, and personal preferences. Staff encouraged people to make choices throughout the day, such as, whether they wanted to stay in their rooms, take part in activities or go out into the community.

People had personalised their bedrooms according to their individual choice. For example family photos and pictures on the wall. All staff had a good understanding of people’s preferences and their care needs. They explained how they managed certain people and encouraged them to maintain their independence. One member of staff said “It’s important to encourage people to wash and dry themselves and give them a choice of what they want to wear.” Changes in care and treatment were discussed with people or their relatives before they were put in place. People were involved in their reviews. We also saw for records that their relatives were invited where necessary.

People felt they could ask any staff for help if they needed it. People were supported as required but encouraged to be as independent as possible. In this way people were receiving the care that met their needs and preferences. Staff supported people in a patient manner and treated people with respect. People said they were always treated with respect and their dignity was protected. Staff gave people time to answer questions and respected their decisions. They spoke to people clearly and politely, and made sure people had what they needed. Staff chatted to the people about how they felt and their day so far.

# Is the service responsive?

## Our findings

We spoke with the home coordinator responsible for providing activities to people living at the home. She told us that activities were planned weekly around what people wanted. "I am doing things people want to do, rather than what I want to do." The home coordinator had attended courses such as 'Improving the health and wellbeing of older adults' to help them to deliver activities that met people's individual needs. The home coordinator told us that they were always trying to find different things and they were well supported by the executive director.

People participated in a range of activities which included movie afternoon twice a week, arts and crafts, a reading group and flower arranging. One relative told us about how much their relative loved film nights and said they got, "A lot from the home coordinator." Another relative told us that although their relative was reluctant to participate in activities the home coordinator was, "Outstanding," and has "Incredible kindness and able to motivate."

On the day of our visit a relative told us that their relative enjoyed reading and the home ensured they had their favourite reading book. The service celebrated Shabbat every Friday evening a core principal of the Jewish faith and Mitzvah day a community action day bringing people of all ages and faiths together to do good deeds. We saw evidence of this on the first day of our inspection.

We saw that the home coordinator had a dedicated area in the office where boxes were labelled with individual activities which were accessible to other staff. This allowed staff to cover activities if the home coordinator was not available. People made choices about the type of activities they wanted. The home coordinator had created a monthly newsletter in November 2014. We saw from the newsletter in February 2016 that a tea dance which included a live performance by a singer had taken place. People using the service relatives and visitors came together to enjoy a day of dancing and entertainment. People commented positively about the event and said that they had enjoyed their day. A person whose birthday was on the same day as the event told us "I had a lovely tea party for my birthday, really beautiful." Another event also involving a visit from an external company did a talk and virtual tour of 'The Jewish East End' in January 2016 with further events planned for March 2016, including an afternoon of fancy dress involving people using the service, relatives and friends.

The home coordinator told us that people unable to participate in group activities received one to one in their rooms. This would involve sitting and chatting with people and doing gentle exercise and taking people for walks in the community. We saw that several people were independent and went out into the community to visit relatives and friends. We saw from a residents' meeting held in November 2015 people fed back their views on the current activities and made suggestions for future ones.

Care plans reviewed covered areas such as, physical and spiritual wellbeing and social and recreational needs. People had care plans which included physical and spiritual wellbeing, social and recreational needs. Care plans documented people's likes and dislikes and preferences. Although care plans were in place for some areas, such as personal care other areas were not included. For example, one person did not have an incontinence care plan in place. Although staff knew people and how to care for them, care records were not in place. The executive director told us that they were in the process of reviewing the way care is documented and working closely with the local authority to improve the quality of care records.

The complaints procedure was seen on the notice boards around the home. We asked people about making a complaint, people said that they had not raised any concerns or had cause to. People told us that if they wanted to make a complaint they would be happy to approach the registered manager or other senior staff with their concerns. Relatives told us that they felt confident to approach the senior management if they wanted to make a complaint. One relative told us that they had never made a complaint but "... If I had a complaint I would know exactly who to go to and I would be very confident that they would deal with it." Another relative told us that their complaint had been dealt with and that they were "Fully satisfied."

There was a system in place for recording complaints, however, details of the outcomes of these were not recorded, therefore we could not be confident that these had been resolved in line with the provider's complaints policy and procedure. The complaints policy also required updating this incorrectly stated that people can approach the Commission if they were not satisfied with the outcome of their complaint. The executive director told us that this was an area for improvement and they had planned to review this to include the outcome.

# Is the service well-led?

## Our findings

At the time of our inspection the registered manager was on leave, we met with the executive director and the deputy manager. The executive director told us they had overall responsibility for decision making. She worked closely with the management committee who were involved in the day to day basis and running of the home. The registered manager had responsibility for the delivery of care at the home and supporting staff.

People told us that they knew the senior management team and felt they could speak with them about their care. One person told us, "Complaints are made and resolved." Another person told us that senior management was, "very nice and very good." Relatives told us that they felt the service was well led. Comments from relatives included, "The management team are outstanding," "I think the service is well managed."

Staff understood their roles and responsibilities and felt supported in their work. They were confident in raising concerns about care or making suggestions to improve the service. They felt supported by senior management and felt listened to. One senior staff member told us that it was important for staff to feel valued and motivated by showing an appreciation of the work they do to ensure that people receive the care they need. This was confirmed by staff who told us that they loved working for the service. A staff member told us, "I love this job. It is the best job I have ever had"

The provider had made a number of improvements to the environment including a complete refurbishment of the reception area, lifts and a new office located on the ground floor, with more improvements planned in the coming year. The environment was warm and inviting with a quiet space for people to sit and meet with their relatives or other visitors. One relative described the changes to the environment as, "A lot happier looking." We saw that people walked around freely around the building, including the office. The executive director told us that the office changes made this more accessible to people. The service had an open door policy whereby people were able to come and talk to staff. We saw that people came to the office and chatted with staff, they were comfortable with staff and there was a lot of banter and laughter.

There were opportunities for people, relative and staff to provide feedback about the quality of the service. We saw that the service had consulted with people living at the home and staff on the introduction of CCTV in communal areas. Following an incident on the grounds of the home it was agreed for CCTV to be installed. Staff were able to raise concerns or suggestions for improving the service. The registered manager held regular staff meetings and we could see where staff raised issues of concern or suggestions for improvement. The executive director told us that following the feedback from people using the service about the quality of the food they were in the process of looking at other options which would focus on the spiritual needs of the people living at the home. This was confirmed by people who used the service who felt the quality of the food required improvement.

Audits were carried out to monitor the quality of the service and to identify how the service could improve. These included health and safety, building and equipment maintenance, standard of care records, and medicines. However, action points resulting from medicine audits had not been implemented. We saw that the provider had started to address these issues, including the immediate purchase of a thermometer to records maximum and minimum room temperatures. There was a system in place for recording incidents and accidents.

We looked at a sample of policies and found that these were comprehensive. However, they did not always reflect the practice followed by the service. We raised this with the executive director who agreed that some policies required updating and this was in progress. She also told us of the service intentions to conduct an annual review of people's care and would be producing new guidance notes for staff to follow. This would include the purchase of a new filling system which includes the necessary assessment tools to improve the way care records are managed. We saw evidence of this in the action plan with details of timeframes to complete these actions by the end of February 2016 We saw that the service was working with the local authority quality team to make the necessary improvements. This was confirmed by the local authority.

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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Assessing the risks to the health and safety of service users of receiving the care or treatment.

The proper and safe management of medicines;

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Persons employed for the purposes of carrying on a regulated activity must

(a) be of good character,

(b) have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, and

(c) be able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed.

(2) Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions set out above.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Persons employed by the service provider in the provision of a regulated activity must receive such

This section is primarily information for the provider

## Action we have told the provider to take

appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Care and treatment of service users must only be provided with the consent of the relevant person.

(2) Paragraph (1) is subject to paragraphs (3) and (4).

(3) If the service user is 16 or over and is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act.

(4) But if Part 4 or 4A of the 1983 Act applies to a service user, the registered person must act in accordance with the provisions of that Act.

(5) Nothing in this regulation affects the operation of section 5 of the 2005 Act, as read with

section 6 of that Act (acts in connection with care or treatment).