

Mrs Safia Bano Hussain

Bankfield Manor Care Home

Inspection report

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Date of inspection visit: 12 January 2015
Date of publication: 30/04/2015

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

The inspection took place on 12 January 2015 and was unannounced. There were 14 people living at the home at the time of the inspection.

At the last inspection on 15 & 23 September 2014 enforcement action was taken due to breaches in regulations which related to the care and welfare of people who used the service, the safety and suitability of the premises, cleanliness and infection control and quality assurance. There were four other breaches in regulation which related to meeting people's nutritional needs, staff recruitment, staffing numbers and supporting

workers. At this inspection we found significant improvements had been made to meet the relevant requirements. However; they need to be sustained and developed further to make sure people consistently receive high quality care.

Bankfield Manor is a residential care home situated in the Boothtown area of Halifax. The home provides accommodation, personal care and support for up to 25 older people. Accommodation at the home is provided over two floors, which can be accessed using a passenger lift in the main building and a stair lift in the extension.

Summary of findings

The service should have a registered manager but did not have one at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had introduced a range of audits to ensure standards were improved and then maintained. For example, checks were done to make sure staff were up to date with training on safe working practices. We also saw checks on mattresses and cushions were in place and old or damaged mattresses and cushions had been replaced. However there were no medication audits and we found that medication was not always managed safely. Accidents and incident were monitored but not frequently enough to enable the provider to identify possible trends and take action to reduce risk in a timely way.

The home was clean and hygienic and concerns about maintenance which had been identified at the last inspection had been addressed.

People told us they felt safe. There were enough staff to meet people's needs. The right checks were done before new staff started work to make sure they were suitable to work in a care setting.

Staff had received a lot of training since the last inspection to help make sure they had the right skills and knowledge to meet people's needs and induction training was provided to new staff.

People who lacked capacity were not always protected under the Mental Capacity Act 2005 and the service was not meeting the requirements of the Deprivation of Liberty Safeguards.

People's care needs were assessed and there were care plans in place to show how they were supported to meet their needs. The care plans had information about people's needs and preferences and we saw some evidence that people or their representatives had been involved in planning their care. People told us they enjoyed the food and we saw the choice and quality of food had improved since the last inspection. People had access to a range of NHS services to support them to meet their health care needs.

People told us the staff were kind and caring and this was confirmed by our observations throughout the day. We saw staff chatting with people and engaging them in activities. People told us staff respected their privacy and dignity.

The complaints procedure was displayed but complaints were not always recorded.

We found four breaches of regulations. You can see what action we told the provider to take at the back of the full version of the 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?

The service was not always safe.

People told us they felt safe. There were enough staff to meet people's needs and recruitment processes ensured staff were suitable and safe before they started working with people.

The premises and equipment were maintained and the home was clean and hygienic.

Some medicines were not stored properly and some of the records were not accurate which meant it wasn't always clear if people had received the right medicines.

Requires Improvement



Is the service effective?

The service was not always effective.

The service was not always effective. People who lacked capacity were not always protected under the Mental Capacity Act 2005 and the service was not meeting the requirements of the Deprivation of Liberty Safeguards.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

People's nutritional needs were met. People told us they enjoyed the food, which now included more choice.

People were supported to access health care services to meet their individual needs.

Requires Improvement



Is the service caring?

The service was caring.

People told us the staff were kind and caring. During the day we observed interactions between staff and people living at the home were relaxed and comfortable.

We saw people's privacy was respected and people were given time to make choices and supported to maintain their independence.

The relative of one person who lived at the home told us they visited at different times every week and had been doing this for several months. They said they had never seen or heard anything that had caused them concern.

Good



Is the service responsive?

The service was not always responsive. People were involved in planning and reviewing their care. Care records had improved since the last inspection and included information about people's individual needs and preferences.

Requires Improvement



Summary of findings

People were offered a varied programme of activities and we saw staff taking the time to sit and chat with people. One person told us they would like to be able to go out more.

The complaints procedure was made available to people. There were no records of complaints which indicated minor concerns were not always documented.

Is the service well-led?

The service was not consistently well led.

There was no registered manager at the home. The registered manager left after the last inspection. A new manager had started work a few days before the inspection and they were still getting to know the service and the people who lived and worked there.

The provider had made a lot of improvements in dealing with the requirements from the last inspection. However, these improvements need to be sustained and developed further to make sure people consistently experience high quality care.

Requires Improvement



Bankfield Manor Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 12 January 2015 and was unannounced.

The inspection team was made up of three inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the home and statutory notifications

we had received from the home. We also contacted the local authority contracts and safeguarding teams. At the time of our inspection the Local Authority had suspended placements at the home due to contractual breaches.

Before our inspection we usually send the provider a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we did not ask the provider to complete a PIR.

We used a number of different methods to help us understand the experiences of people who lived in the home. We observed how people were cared for in the communal areas. We spoke with eight people who were living in the home, six relatives, three care staff, the cook, the housekeeper, the manager and the provider.

We looked at four people's care records in detail, four staff files and the training matrix as well as records relating to the management of the service. We looked round the building and saw a selection of people's bedrooms, bathrooms and communal areas.

Is the service safe?

Our findings

We looked at the way people's medicines were managed. The provider had a medication policy which had been updated in August 2013. However, it was not specific to Bankfield Manor as it contained references to nursing staff and the Nursing and Midwifery Council (NMC) guidelines. Bankfield Manor is a care home without nursing and does not employ nursing staff; people's medicines are managed by trained care workers.

The policy did not have information about how to manage medicines for people who lacked capacity, the use of covert medication or the disposal of medicines. In the records of one person who was receiving their medication covertly we saw a best interest decision had been made following a discussion between staff, the person's relative and their GP. However, the absence of a policy created a risk that the best interest decision making process would not be applied consistently.

There was no other guidance available for staff, such as the National Institute of Clinical Excellence (NICE) guidance on the safe management of medicines. The provider told us they had a copy of the NICE guidance but it was not available in the home at the time of the inspection.

The care staff involved in supporting people to take their medicines told us they had received training and had undertaken competency assessments.

There were suitable arrangements in place to make sure medicines which were prescribed to be taken at specific times in relation to food were given correctly.

There were separate records for medicines which were prescribed to be taken "as needed" and in variable doses. This showed the time and number of tablets administered and there was a running total to help with stock checks.

Staff told us they respected people's right to refuse medication and would refer people back to their GP if they were repeatedly refusing to take prescribed medicines. They told us none of the people in the home at the time of the inspection was administering their own medicines. They said they sometimes had people come in for respite care who managed their own medicines while they were in the home.

In one person's medication administration records (MARs) we saw correction fluid had been used to change an entry.

We asked one of the staff about this and they said they had done it because they had signed for the medicine in the wrong place. They also said they were aware they should not have used correction fluid but should have crossed through the record, recorded it was an error and initialled it.

In one person's MAR we saw a handwritten entry had been made for Paracetamol. The record did not show what dosage the person was prescribed and the entry was not signed. We found eye drops in the medicines fridge which had not been dated when they were opened. The instructions said they should be discarded within four weeks of opening but there was a risk this would not happen because the date of opening was not recorded.

In one person's records we saw they had been prescribed Flucloxacillin and the MAR showed the home had received 28 tablets. The MAR sheet showed 25 had been signed for which should have left three in stock. However, when we checked the tablets we found there were four in stock.

This meant the person had not been given one of the tablets which had been signed for.

In care homes controlled drugs must be stored in cupboards that meet the requirements of the Misuse of Drugs (Safe Custody) Regulations 1973 as amended. The storage arrangements for controlled drugs at the home did not meet this requirement. This was discussed with the provider who said they would deal with it as a matter of urgency.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12(f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person who lived at the home told us they liked to have their tablets before their meals. They added staff sometimes gave other people their tablets while they were eating and they didn't think that was right.

We asked three of the people we spoke with if they felt safe living in the home or if they were ever worried or anxious about anything. Two people said they were comfortable and had never experienced anything which had caused them concern either to themselves or others. One person

Is the service safe?

said they were sometimes disturbed by other people going into their room during the night. They said they had reported this to staff who had advised them to ring their buzzer if it happened again.

The provider had policies and procedures in place to help ensure people who used the service were safeguarded. The staff we spoke with were aware of how to identify signs of abuse and of how to report any concerns about people's safety and welfare. Following the last inspection in September 2014 the Commission made a number of referrals to the local safeguarding team. The provider co-operated fully with the investigation and we saw evidence action had been taken to address the concerns.

At the last inspection in September 2014 we identified a number of concerns about the safety and suitability of the premises. During this inspection we looked around and saw the premises were well maintained. The provider had an up-to-date legionella assessment in place and work had been completed by an external contractor to address concerns with the water system. The records showed periodic checks were undertaken on the building such as fire, water temperatures, pest control and window restrictors. Work had been done to some elements of the gas system by external contractors since the last inspection.

On the day of the inspection there was a problem with the heating in the extension. The problem had arisen the day before and the manager had arranged for the people who were accommodated in the extension to be moved into rooms in the main building until such time as the heating was repaired. A heating engineer visited the home while we were there and carried out repairs to the system. Following the inspection we received some information of concern about the temperature in the lounge areas of the home. We were told the home was cold and people in the lounges needed blankets to keep them warm. We spoke to the manager about this. They assured us they were monitoring the temperatures in the communal rooms and said some people liked to have "comfort" blankets, particularly when they could see it was snowing outside.

We looked at the files of four staff that had recently started working at the home. The records showed all the required checks had been done before they started work. The records included application forms, interview notes, references and Disclosure and Barring Service (DBS) checks. The DBS which was formerly the Criminal Records Bureau (CRB) carries out check to make sure people do not have criminal convictions which would mean they were unsuitable to work in a care setting. We saw evidence the provider was auditing the recruitment files to make sure all the required checks were done and the required documents were available.

The manager told us that safe staffing levels at the time of the inspection were three care workers during the day, as well as a cook and a cleaner. Overnight there were two care workers on duty. Management support was also available 5 days a week and there was an on call system. We looked at the duty rotas for two weeks and saw these staffing levels were consistently maintained.

At the last inspection in September 2014 we found people were not cared for in a clean and hygienic environment and were not protected from the risks of cross infection. During this inspection we looked around and found the home clean and free of unpleasant odours. We saw soap, paper towels and hand sanitising gels were available and hand washing instructions were displayed. We spoke with one of the housekeeping staff who told us they had the equipment they needed to clean the home. We also received feedback from the local Public Health Infection Control Team. They told us there had been improvements in the standards of cleanliness and infection control. The provider told us they had starting doing regular checks on the mattresses to make sure they were clean and fit for purpose. We saw evidence of this in the records. When we looked around we saw a number mattresses, cushions and pillows had been replaced. The provider had implemented a new infection control policy and obtained a copy of the Department of Health guidance on the prevention and control of infection.

Is the service effective?

Our findings

On the day of the inspection the provider confirmed there were a number of people using the service who were living with dementia and whom they considered lacked the capacity to make decisions about their care and treatment.

They told us they were aware of the recent Supreme Court ruling which could mean people who were not previously subject to a Deprivation of Liberty Safeguards (DoLS) may now be required to have one. However, they said they had not made any DoLS applications. They said they had discussed this with the local authority and been advised it would be addressed when people's annual care reviews were carried out. However, this meant the service did not have suitable arrangements in place for acting in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

This was a breach of Regulation 18 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.

There was information about people's capacity to make day to day decisions for example, when to get up and go to bed, what to wear and what to eat. However, it wasn't always clear how people should be supported to make more complex decisions about their care and treatment.

Evidence that people had been asked to consent to care and treatment was limited. There was evidence people had been asked for consent to have their photographs taken but nothing else. However, throughout the day we observed staff asking people for consent before they provided care and support.

At the last inspection we found the provider did not have suitable arrangements in place to make sure staff were trained and supported to carry out their duties effectively. During this inspection we saw new staff completed an induction training programme. We also saw staff had signed to demonstrate they had read and understood key policies and procedures and completed mandatory training within the first three months of employment. We looked at two new staff files and saw they had completed a range of training which included fire, Deprivation of Liberty

Safeguards, the Mental Capacity Act and manual handling. This was delivered as a mixture of face to face and e-learning and competency assessments were undertaken to check staff understanding.

Existing staff had completed a range of training in mandatory topics and were all up to date. It was clear that this had been implemented since the last inspection as all training had been completed between September and November 2014. This included COSHH (Control of Substances Hazardous to Health), fire, manual handling and medication. Specialist training for professional development was provided in areas such as continence, dementia, challenging behaviour and death/dying.

The maintenance man had completed training in legionella management and care workers were introduced to the subject through health and safety training.

Staff had periodic supervision and appraisal and we saw these were a forum for staff to raise issues and for performance to be monitored. We saw that staff were provided with time to meet with the manager and discuss their understanding of training to offer them individualised support.

At the last inspection in September 2014 we were concerned people were not getting the right support to meet their nutritional needs. During this inspection people told us they had porridge and toast for breakfast followed by mid-morning tea and snacks and then a cooked lunch. They said there was another tea trolley in the afternoon and they usually had soup and sandwiches for tea. We saw the morning tea trolley which had a generous selection of biscuits and sandwiches, boiled eggs, fruit, cheese, ham and chicken. This had been introduced by the new cook.

We observed the meal service at lunch time. All the people who were living at the home had their meal in the dining room. A hot dinner was served with fresh vegetables and this was followed by a pudding. Some people had a different meal to the others, one person had fish instead of the shepherd's pie and another had sandwiches. Some people had their meals pureed. This showed individual needs were being catered for.

Some people had special dishes; cutlery and cups which the manager told us were designed to help people living with dementia keep their independence. Two people needed help with eating and drinking and we saw this was

Is the service effective?

provided in a patient and sensitive manner. Staff supported people to eat at their own pace and we heard them encouraging people by saying things like, “This is good” and, “This looks nice.”

Most people ate all their meal and looked as if they had enjoyed their food which was plentiful. We observed one person refused lunch, staff tried hard to persuade them to eat but they remained adamant they did not want anything. During the afternoon we saw staff supporting the person to eat sandwiches. We spoke with the person’s relative and they said it was not uncommon for them to refuse food. They said there had been concerns about the person’s weight loss in the past. When we looked at the records we saw the person was maintaining their weight.

The lunchtime experience was not very sociable, the dining room lacked atmosphere and there was very little conversation other than staff encouraging people to eat. We asked people what they thought about the food. One person said, ‘It’s alright, good or bad, we get plenty to drink, don’t go hungry.’ Another person said, “The food varies, it’s mainly alright.”

The relatives of one person who lived at the home said their health had improved since they moved into the home. They said, “Her health has improved so much, they make sure she eats and drinks. Before she was getting dehydrated at home and this caused bouts of dementia.”

We saw people were supported to meet their health care needs and had access to the full range of NHS services. Visits from external health care professionals were recorded and this included GPs, the Quest Matron, district nurses, dieticians, dentists, audiologists, chiropodists and opticians. Following the inspection we spoke with a visiting health care professional. They told us the staff always following their advice about supporting people to meet their health care needs. They said they felt the staff would benefit from more specialist training to help them understand people’s medical conditions and said they had offered to support the manager with this.

Is the service caring?

Our findings

During the day we observed staff to be kind and caring in their interactions with people living at the home. The care workers knew people by name and interactions were relaxed and comfortable. The care workers spoke kindly and were gentle whilst delivering personal care and crouched down to the same level and lowered their tone whilst speaking to people.

People looked cared for and were well groomed. We saw people were given time to make choices and encouraged to be independent. For example, one person was given their meal in the lounge but didn't start to eat straight away. The staff member went away but came back a few minutes later to check and by then the person had started to eat on their own.

People who used the service told us they were satisfied with the care they received. One person said, "Everything is very nice when I think about it, I never want for anything. Nice room, not big but big enough for me. They are helpful and kind". Another person said, "I'm happy, it's a good place, pleasant staff and always clean and tidy."

One of the people we spoke with said they had found it difficult to settle at first but said the staff had helped them. They said, "They helped me settle in, talked to me and encouraged me."

Another person singled out the handyman for special praise, saying, "He always sits on my bed and talks to me."

Most of the relatives we spoke with told us they had no concerns about the care and treatment provided. One said they had "No complaints they treat [name of person] with respect, keep us well informed, we are well satisfied with the home and the staff." Another said they had, "No problems whatsoever, they have all been so kind. I am content never any worries."

One relative told us they visited the home at different times every week and had been doing this for several months. They said they had never seen anything that had caused them concern.

One person we spoke with did complain about their clothing going missing from the laundry. They said a new towel had gone missing the first time it was sent to the laundry. They said on another occasion they had gone to the dining room and one of the other people at their table was wearing their jumper. We discussed this with the provider and manager who said they would deal with it.

We observed one person being moved with the aid of a hoist and this was done in a safe and competent manner. The care workers reassured the person and kept hold of the hoist and sling throughout.

We asked people about the responses by staff when they needed help and pressed their buzzer and if they felt unwell. One person said when they pressed their buzzer, "They come and tend to you, if your bad they call the doctor. You don't have to wait a long time." Another person said, "If I'm ill they let me stay up, bring me food, come up and down to see I'm alright."

Is the service responsive?

Our findings

At the last inspection in September 2014 we had concerns that people's needs were not being assessed properly and care and treatment was not being planned and delivered to ensure people's safety and welfare. During this inspection we found improvements had been made.

The staff we spoke with were able to tell us about people's needs and preferences and we saw staff took time to sit and chat with people. We saw staff used visual communication aids, (pictures) to help people understand and express their wishes.

We looked at four people's care records. The care records were well organised and up to date. Information about people's individual needs and preferences was recorded and this included information about people's life history and interests.

The care records included information about people's health care needs, for example one person's care plans included information about how to support them to manage their diabetes. In another person's records we saw they needed a pressure relief cushion to help reduce the risk of developing pressure sores. During the day we observed the person sitting in an armchair and in a wheelchair and on both occasions the pressure relief cushion was in place.

We saw some evidence in the care records that people living in the home and/or their relatives had been involved in planning and reviewing their care.

We saw a section off the main lounge area was reserved for activities. There were some board games and a bingo game on the table and the provider told us that people particularly enjoyed sing-alongs. The activities were organised by one of the care workers. One person told us they did not like board games and said they didn't think the activities offered were suitable for men.

One person told us they would like to be able to go out more and said they did not know the home had a garden. This was discussed with the provider.

There was a complaints policy was in place and this was brought to the attention of people and their relatives as it was displayed in the reception area and had recently been sent to all relatives. There were no recent complaints or compliments to look at. This indicated that minor concerns were not always documented.

We asked people who used the service and relative if they had any concerns or complaints about the home. One relative said they were unhappy about the lack of communication regarding changes in their relatives care. Following the inspection we were contacted by the relatives of another person who used the service. They told us they had repeatedly raised concerns with the provider but nothing had changed and any improvements that had been made had not been sustained.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

The home did not have a registered manager in place. The registered manager left following the last inspection in September 2014. A new manager had recently been appointed and had only been at the home a few days at the time of the inspection. It was clear that they were still finding out about the home, getting to know the people who lived and worked there and coming to their own conclusions about areas that they wanted to improve. The provider had been supporting the new manager in the transition period and had been undertaking some of the recent audit and leadership work whilst the home was without a registered manager.

We observed the new manager was visible around the home throughout the day. We also saw evidence of good team work in the form of an experienced care worker coaching a new member of staff.

The provider had action plans for each area of non-compliance identified at the last inspection in September 2014. We saw actions were being monitored and regularly updated once completed. This showed the provider was committed to making improvements to the service.

The provider had also introduced a range of audits to ensure standards were improved and then maintained. For example following the last inspection, a training matrix audit was now undertaken every two months to check that staff were not out of date with mandatory training. Mattress and bedding audits had been introduced and there was evidence that old/damaged mattresses had been identified and replaced as part of an action plan to address the shortfalls.

Care plan audits were periodically done and were driving improvement. For example, a recent audit had highlighted the need for a better tool to assess people's nutrition and the MUST (Malnutrition Universal Screening Tool) had been put in place. We saw other audits had taken place, such as bedroom furniture and the environment, and there was evidence that action plans were produced and actions worked through.

However, there were no medication audits. We found that medication was not always managed safely and a robust system of audit should have been in place to identify and rectify poor medicine management practice before it became a risk to people.

Periodic accident analysis was undertaken by the provider on a quarterly basis. However, we found this analysis was not frequent enough to be responsive in identifying any themes or trends. For example, after a spate of falls it could take three months before the provider's analysis concluded any patterns. This risked a delay in appropriate action being taken to reduce the risk.

We found that the lessons learnt from accidents were not always clearly written on accident forms which made it hard to determine that appropriate action had been taken. However, on reviewing people's individual files we found action had been taken following incidents such as falls. We asked to see the records of any incidents which had taken place between October and December 2014 and were told there had not been any. We found this unusual as there had been three incidents in the 10 days prior to the inspection. However, we did not see anything in the daily care notes to indicate there had been any incidents.

We found improvements had been made in addressing the requirements from the last inspection. However, we concluded more work was needed to ensure the changes were embedded into the culture of the organisations and improvements were sustained to ensure people who used the service experienced a consistently good quality of care.

This was a breach of Regulation 10 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.

Customer feedback had been used to improve the quality of the home. For example a food and drink survey had taken place and new menu's had been introduced based on people's preferences, likes and dislikes. We saw that a comprehensive survey was about to be sent out to people and their relatives to assess their perceptions of the quality of the home. We saw there were periodic meetings for people who lived at the home; the most recent had been in September 2014.

The provider had engaged the services of an external company in October 2014 to undertake a wider compliance audit of the service. This had looked at a wide range of

Is the service well-led?

areas. It was clear that the provider was working through the action plan following this audit. For example life histories had not always been present in people's care plans and falls had not been clearly documented, however following the audit we found these had been put in place.

The provider held periodic staff meetings which were a forum to discuss quality issues with staff. On the day of the inspection the new manager held a staff meeting to discuss working practices and improvements to the service.

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

The registered person did not have suitable arrangements in place to make sure people who used the service were protected against the risks associated with the unsafe management of medicines. Regulation 12 (f)(g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person did not have suitable arrangements in place for acting in accordance with the Mental Capacity Act 2005.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The registered person did not have an effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments made by service users or persons acting on their behalf.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have suitable arrangements in place to regularly assess and monitor the quality of the services provided and to identify, assess and manage risks.