Hazeldell Ltd

# Hazeldell Residential Home

## Inspection report

Elton Park
Hadleigh Road
Ipswich
Suffolk
IP2 0DG

Tel: 01473252933

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Inadequate** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service
Hazeldell Residential Home is a care home registered to provide accommodation and personal care to a maximum of 42 older people. At the time of the inspection there were 36 people living in the service.

People's experience of using this service and what we found
People's medicines were not always managed and administered safely. This led to some people not receiving medicines prescribed for them.

Risks to people had not always been identified and planned for. This meant staff did not always have access to information which could guide them to reduce risks to people.

The support people needed to reach and maintain a healthy weight was not always documented. It was not clear whether appropriate interventions, such as referrals to dieticians, were made where people lost weight.

Improvements were required to ensure that people's views about their care were reflected in care planning. Care plans were not always personalised to include information about people's preferences and life history.

Improvements were required to ensure that people's capacity to make decisions was consistently assessed under the Mental Capacity Act 2005 and that formal best interests' processes were followed where appropriate.

The service had a comprehensive quality assurance system in place which assessed all areas of service provision. Whilst this had identified the majority of the shortfalls we found, action to address these shortfalls had not been prompt enough, especially with regard to medicines administration and risk assessment.

Despite the concerns we identified, people told us they felt safe. They told us there were enough staff to meet their needs in a timely way, and this was confirmed by our observations. Recruitment procedures were safe.

Staff received appropriate support and training for the role. There were opportunities for staff to further develop their skills, knowledge and progress into roles with more responsibility.

People told us staff were kind and caring towards them. This confirmed our observations of the interactions between people and staff.

You can see what action we have asked the provider to take at the end of this full report.
Rating at last inspection: The last rating for this service was good (published 23 March 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will request an action plan from the service telling us how they will achieve compliance with regulations. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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| **Is the service safe?**<br>The service was not safe.<br>Details are in our Safe findings below.<br>. | **Inadequate** |
| **Is the service effective?**<br>The service was not always effective.<br>Details are in our effective findings below. | **Requires Improvement** |
| **Is the service caring?**<br>The service was not always caring.<br>Details are in our caring findings below. | **Requires Improvement** |
| **Is the service responsive?**<br>The service was not always responsive.<br>Details are in our responsive findings below. | **Requires Improvement** |
| **Is the service well-led?**<br>The service was not always well-led.<br>Details are in our well-Led findings below. | **Requires Improvement** |

# Hazeldell Residential Home

**Detailed findings**

## Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Hazeldell Residential Home is a care home for older people, the majority of whom were living with dementia. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations. Since the inspection, the operations manager has informed us that the registered manager has now left and they are waiting for a new manager to start.

Notice of inspection

The inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with two external healthcare professionals, six members of staff including the registered manager, team leader, operations manager and care workers.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Inadequate

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection we found that the service had deteriorated and there were significant shortfalls which placed people at the risk of potential harm.

This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

•There were significant shortfalls with the way medicines were managed and administered in the service. This meant people had not always received their medicines as prescribed.

•Some medicines had been signed for as administered but remained in the blister pack. Two doses of an antibiotic prescribed for one person to treat an infection had not been administered. This could have compromised its effectiveness in treating the infection, but no advice had been sought from a doctor.

• We identified that there were a high number of medicines being refused by people, and the service was not always managing this effectively. For example, we were told one person lacked capacity due to their dementia. Records demonstrated they had refused their medicines on 18 days in the current cycle, which started on 5 June 2019. This included a period of eight consecutive days where they refused medicines prescribed. Despite this, the service could provide no evidence to demonstrate this had been raised with the person's GP. The service had not assessed whether they had the capacity to understand the risks of refusal and considered other methods of administration which may be in their best interests.

•Records did not always demonstrate whether staff had attempted to re-administer medicines if people had previously refused them. Refused medicines were not stored safely. We found that open pots of medicines had been discarded into an overflowing tub in the bottom of the medicines trolley and there were loose tablets on the bottom of the trolley. Staff were sometimes removing tablets from the sealed pots before waiting to see if people were happy to take them.

•Protocols were not in place for all medicines which were prescribed to be taken 'as and when'. This meant there was no guidance for staff on when it would be appropriate to administer these.

•There were no photos at the front of some people's medicines records. This meant staff could not check the identity of the person before administering medicines to them.

•After we raised these issues with the operations manager and registered manager, they took action to mitigate the risks of these shortfalls. This included seeking medication reviews from the local doctor's surgery, pharmacy and the medicines team at the Clinical Commissioning Group (CCG).

This constituted a breach of Regulation 12 'Safe Care and Treatment' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

•There were significant shortfalls in the identification of and planning for risks to people. Whilst the registered manager told us the care plans were still being developed, they did not contain basic information about reducing some risks to people.

•□For example, choking assessments had not been carried out, even where people were being provided with soft or pureed food. There was no care planning in place to indicate to staff who was at the potential risk of choking and how this risk should be reduced. For one person, their care plan stated they now required soft food, but their nutritional assessment stated they had a normal solid diet. This conflicting information increased the risk of staff providing people with inappropriate meals.
•□The Speech and Language Therapy Team (SALT) had assessed one person as at risk of choking and provided specific information on reducing this risk to the service. However, this information was not included anywhere in their care plans, so it was unclear how staff would be able to consistently follow this guidance.
•□The care records of one person indicated they could present a risk to female service users. Despite this, there was no information about how this risk could occur and the action staff should take to reduce the chance of this risk occurring.
•□Where people had been assessed as at risk of pressure ulcers, care planning was not in place to guide staff on how these risks were reduced.
•□The service was currently in the process of recruiting and a number of new staff were waiting to start. They were also using small numbers of agency staff on occasions. These staff would be more reliant on care planning and assessments to understand the care people required.
•□After we raised concerns about risk management with the registered manager and operations manager, they provided us with information about how they intended to address our concerns. They had already addressed some of these shortfalls by our second visit.

This constituted a breach of Regulation 12 'Safe Care and Treatment' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

•□Processes were in place to monitor the safety of the building and the equipment within it. This included regular safety checks on water quality, electrical appliances, lifting equipment, mobility aids and window restrictors.

Systems and processes to safeguard people from the risk of abuse
•□ Despite the concerns we identified, people told us they felt safe living in the service. One said, "I couldn't say I had ever felt unsafe. It's very safe."
•□Staff had a good understanding of safeguarding, the different types of abuse and their responsibilities in protecting people from harm.

Staffing and recruitment
•□People told us there were enough staff to meet their needs in a timely way, and this confirmed our observations. One said, "You just have to press that buzzer and they'll be there, no exceptions." Another person told us, "You never have to wait long, the staffing is good." A relative commented, "Well if you're in need of someone they are very quick to respond."
•□Systems were in place to monitor whether the staffing level remained appropriate to the needs of people using the service. The staffing level was reviewed regularly in line with people's changing needs.
•□The service practiced safe recruitment procedures. This included carrying out checks to ensure prospective staff were safe to work with vulnerable people.

Preventing and controlling infection
•□The service was clean and tidy. People told us their home was kept clean. One said, "Very clean, always smells pleasant, my room is cleaned daily." A relative told us, "It's always spotless. [Relative's] room is kept very clean."

•□We observed that staff had access to appropriate protective equipment such as gloves and aprons. They changed these in between tasks such as supporting people with their meals. This reduced the risk of the spread of infection.
•□Audits were carried out to ensure cleaning processes and procedures were effective.

Learning lessons when things go wrong
•□Incidents and accidents were reported by care staff. These were reviewed and investigated by the registered manager to determine if any action was required to reduce the risk of recurrence.
•□Concerns had been identified by the operations manager about the number of falls which occurred earlier in 2019. They had thoroughly investigated these falls and actions had been taken to provide further support to these people. We saw that this had led to a significant reduction in the number of falls recorded in subsequent months.

Requires Improvement

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection we found that improvements were now required. The service is now rated requires improvement in this key question.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- The support people required with eating and drinking was not always clearly documented in their care records. Where people were assessed as at risk of malnutrition, information was not always available to guide staff on how to protect people from this risk.
- One person had lost 22% of their body weight between 30 August 2018 and 4 July 2019. Despite this, their care plan did not reference their weight loss or what measures were in place to support them to reach and maintain a healthy weight. We requested evidence of a dietician referral for this person, which was provided. The dietician had advised the service of measures that should be put in place to support the person with weight gain, but these details had not been documented in care planning, so it was unclear how staff could consistently implement these recommendations.
- Another person had lost 11% of their body weight between 2 January 2019 and 4 July 2019. Despite this, they had not been referred to a dietician. There was no care planning in place to guide staff on how to reduce the risk of them becoming malnourished. The registered manager told us they liked spicy food such as curries, but in their care plan it stated they liked 'British food' rather than exotic foods. This meant their preferences were not reflected accurately.
- Another person's weight records stated they weighed just 35.2kg. Despite this, the registered manager could provide no evidence to demonstrate they had been referred to a dietician. Their care planning did not refer to their low weight or risk of malnutrition so there was no information to guide staff on how they should be supported to gain weight.
- We fed back our concerns to the registered manager and operations manager at the conclusion of our first visit. At our second visit they confirmed they had referred seven people to the dietician for advice on reducing the risk of malnutrition.

This was a breach of Regulation 14 'Meeting Nutritional and Hydration Needs' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us the food they were provided with was good quality. One said, "It is very good, very tasty. If you don't want what they put on the menu you can ask for something else. We saw that the meal time was positive, with people receiving support to eat from sufficient numbers of available staff. People were provided with equipment such as plate guards to enable them to eat independently.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
We checked whether the service was working within the principles of the Mental Capacity Act (MCA).
•□The service had not consistently assessed people's capacity to make specific decisions in accordance with the MCA where required.
•□The management team did not understand their responsibilities in assessing capacity and triggering processes to make lawful decisions in people's best interests where this would be required.
•□Despite this, people told us that staff supported them with making day to day decisions. This confirmed our observations. One person said, "They've never done anything I wouldn't want." Another person told us, "[The staff] do ask me what I want."

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support
•□Referrals to other healthcare professionals had not always been made where this would have been appropriate.
•□Advice had not always been sought from professionals such as GP's about people refusing their medicines.
•□Detailed records were not always kept of the contact people had with healthcare professionals and the advice given. Advice provided had not always been transferred into care planning, so it was unclear how this could be consistently implemented by staff.
•□Despite our concerns, a nurse practitioner from the local doctor's surgery who visited weekly made positive comments about the service. They told us that the staff were helpful when they visited and knowledgeable about the people they cared for. They said the service contacted them in a timely way when they thought people were unwell.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•□ Comprehensive assessments were carried out of people's needs before the service started supporting them.
•□People's care records were not always written in a way that reflected best practice guidance, such as that produced by the National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience
•□The service provided staff with a wide range of training. This included subjects specific to the needs of people they cared for. Competency assessments were carried out to ensure that training staff received was effective.
•□People told us they felt the staff were well trained. One said, "They know how to use that hoist right and I'm confident when they move me." A healthcare professional told us the staff demonstrated an appropriate knowledge of subjects related to their role.
•□Staff had opportunities to develop in their role and undertake external qualifications such as NVQ's. Staff were encouraged to progress to roles with more responsibility and there was a focus on developing the staff team.
•□New staff attended a comprehensive induction, which included completing the Care Certificate and shadowing other staff carrying out their duties.

•□Staff told us they felt supported by the management team and provider.
•□Whilst supervision sessions had not been undertaken consistently since the start of 2019, plans were in place to implement more regular supervision and appraisal. At the time of writing this report the operations manager informed us all, but two staff had now received a supervision session since we completed our inspection visits.

Adapting service, design, decoration to meet people's needs
•□The service was decorated in a way which supported people living with dementia to orientate themselves around the building. Corridors were decorated individually so people could recognise different areas of the service.
•□People's bedroom doors were decorated with things they liked so it was easier for them to identify their room.
•□There was appropriate signage around the building to help people find their way to key areas such as bathrooms, living rooms and dining rooms.

Requires Improvement

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection we identified concerns about the quality of the care people received. The rating in this key question is now Requires Improvement.

This meant people were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

•Whilst staff treated people with care, dignity and respect, widespread shortfalls in the quality of the care people received meant that people were not always consistently well treated.
•Despite shortfalls having been identified by the service's quality assurance system, prompt and robust action had not been taken by the management team to ensure that people were consistently protected from the risk of harm.
•Action had not always been taken to ensure people had appropriate input from other professionals to support them to maintain good health. This meant we could not be assured that the management team was sufficiently caring.

This was a breach of Regulation 9 'Person Centred Care' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

•All the people we spoke with were very complimentary about the care staff and told us that they were kind, caring and respectful towards them. One said, "You couldn't say no bad about them, just the best kind of people." Another person told us, "They couldn't do enough for me, they would bend over backwards." One other person commented, "I wasn't feeling well, and the staff were right on it, calling the doctor, making sure I was alright. They do care for me." A relative said, "The staff are all very nice, friendly and courteous. [Relative] isn't feeling the best at the moment and they have all rallied round, they're checking on [relative] all the time."
•There was a caring culture in the service which was evident in the actions of the care staff. Staff interacted with people in a kind, understanding manner and showed genuine care for people's wellbeing. Two people were unwell during our visits and we saw different members of staff regularly checking on them. They spent extra time with these people and made great efforts to engage them, attempting to cheer them up. One person became upset during our visit and staff were quick to provide emotional support which eased their distress.
•The service supported meaningful relationships between staff and people using the service. The staffing level took into account the number of staff needed to meet people's social and emotional needs. This meant staff had time to sit with people and get to know them. Efforts were made by the service to retain its core staff group, including offering good opportunities for progression and training.

Supporting people to express their views and be involved in making decisions about their care

• Improvements were required to ensure that people's input into their care planning was reflected in their records. Plans were in place to review all the care plans with the involvement of people and their families or representatives.

Respecting and promoting people's privacy, dignity and independence

• People told us the service supported them to remain independent. One said, "I do most of my own care but if I am having a tired day they know and ask if I need help. They aren't interfering though." Another person told us, "I was worried about losing my independence coming into a home, but I needn't have worried, I still feel like I can do as I please and the staff do everything I can't. It works well." A relative commented, "It's very important to [relative] to remain independent. [Relative] doesn't like a lot of help and insists on walking independently even though [they] fall sometimes. The staff keep an eye, but everyone respects [relative's] wishes."

• The care records for some people made clear which tasks they could complete independently. However, other people's care plans needed further development to include this information.

Requires Improvement

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection area's for improvement were identified. The service is now rated 'Requires Improvement' in this key question.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Some people's care plans were personalised. However, care plans required further development to ensure consistent personalisation and avoid generic statements. The service was in the process of switching from paper to electronic care planning and there were plans in place to involve people and their representatives in personalising their care plans.
- Life histories were not in place for everyone living with dementia, nor was there always information about the preferences of people with limited verbal communication. This was an area for development which had been identified through the service's internal quality assurance process.
- The member of staff who was responsible for activities had recently left and the service were actively recruiting to replace them. People told us that whilst there were not as many activities as there were previously, there were still enough things for them to do and they did not get bored. One person said, "It was a shame to lose [activities staff member] but they are still putting on outside entertainment and the staff spend time doing things with us. I'm not bored." Another person told us, "We've had that new singer in today and they were good. We have someone come in for chair exercises, animals come in, shows. It will be better when they find someone to do activities in the meantime."
- We observed staff engaging people in activities such as having their nails painted, playing games and reading books. A singer came in on the day of our visit and people appeared to enjoy this. The registered manager told us they did not have a limit for activities, and that the provider was supportive of them booking paid entertainers to come in regularly.
- The operations manager told us about the 'Sparkle Initiative' which was a program of empowering individuals to achieve goals or be supported to fulfil individual wishes. They told us this had not been as active in the service as the provider would like, but that there were plans in place to fully implement this, which was included on a current action plan. We were told about one person whose wish it was to visit Felixstowe. Plans were in place to support them with this.
- People told us that the service supported them to maintain their relationships with relatives and friends. They told us their family and friends were free to visit at any time and dine with them. A relative told us, "I can come whenever. As soon as anything happens they call me as well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.
•□People were provided with information in a way they could understand.
•□The way the service communicated information to people was tailored to their individual communication needs. However, care plans required development to ensure that where people were unable to verbally communicate, other ways they may communicate their needs were documented.

End of life care and support
•□Improvements were required to ensure that there were care plans reflecting people's wishes in coming to the end of their life.
•□Where people were considered by healthcare professionals as coming to the end of their life, there were not always detailed enough care plans in place about how the service would meet their specific needs at this time. Care plans that were in place did not reflect best practice guidance such as that produced by the Gold Standards Framework.

Improving care quality in response to complaints or concerns
•□There was a complaints procedure in place which people told us they were aware of. People told us they knew how to complain. One said, "Any quibble you have is sorted. Minor things have come up, I've not made serious complaints definitely not." Another person told us, "I'd know where to go if I had a complaint. They're very good at sorting things out." A relative commented, "I know how to complain, I've not had to, but I feel confident they would take me seriously."
•□We reviewed the records of one complaint received this year and saw it was investigated and responded to appropriately.

Requires Improvement

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection improvements were required, and the service is now rated Requires Improvement in this key question.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong and continuous learning and improving care

- The provider understood their legal responsibilities with regard to duty of candour and ensured that people's complaints were thoroughly investigated and acted upon. They ensured people received a written apology where improvements were required and that they were informed of how their complaint had been resolved.
- The provider had promoted the previous registered manager to the post of operations manager. It was their role to oversee the performance of this service on behalf of the provider. They had created a detailed and thorough audit tool which assessed the quality of the service against our Key Lines of Enquiry (KLOE's). This is the framework we inspect against.
- Previous audits carried out had identified a wide range of shortfalls, dating back to January 2019. This included shortfalls in care planning, risk assessment, daily records such as fluid charts, medicines administration, mental capacity assessment and a lack of nutritional assessment and planning.
- Attached to these audits were action plans setting out the actions that needed to be taken and indicating the areas of priority. These were provided to the management team to work through.
- The operations manager was proactive when we fed back the shortfalls we had identified. They created an action plan detailing all the areas for improvement and sent this to us at the conclusion of each visit. Since the inspection they have continued sending us updates on the progress and more detailed plans of action. They have also confirmed that they have appointed a new manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and senior staff carried out a regular program of audits, such as on infection control and medicines. They had identified issues with medicines administration in May 2019 in a monthly audit and a team leader identified issues in a weekly audit the week prior to our inspection. Despite this, robust improvements had not been made and significant shortfalls in medicines administration remained at our visit. Since the audit in May 2019, it was not clear how the management team had followed up on actions to ensure progress was taking place. Where issues had been identified, such as people not receiving prescribed medicines, they had not raised this with healthcare professionals to see if there could be any adverse effects for the person.
- Despite having a comprehensive action plan in place, the management team had failed to drive

improvement in areas of significant priority. This included ensuring basic risk assessments were carried out and ensuring there was information for staff on how risks should be reduced. Necessary updates had not been made to these in a timely way which meant they did not always reflect people's current needs. This could have led to people receiving care which was unsafe or inappropriate for them.

• Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.

This was a breach of Regulation 17 'Good Governance' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• The service promoted a caring culture, with staff of all levels treating people with kindness, care and respect. People were very complimentary about the staff and told us they felt able to share their views and speak openly.

• People told us they were given opportunities to feedback on the service through meetings and questionnaires. We reviewed the contents of the most recent questionnaire and found the responses were positive.

Working in partnership with others

• The management team had built positive relationships with other agencies, such as the doctor's surgery and local pharmacy. They approached both for support following feedback of concerns at our visits.

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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>1.The care and treatment of service users must— a.be appropriate,<br>b.meet their needs, and<br>c.reflect their preferences.<br><br>3.Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—<br>b.designing care or treatment with a view to achieving service users' preferences and ensuring their needs are met; |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>1.Care and treatment must be provided in a safe way for service users.<br>2.Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include— a.assessing the risks to the health and safety of service users of receiving the care or treatment;<br>b.doing all that is reasonably practicable to mitigate any such risks;<br>g.the proper and safe management of medicines; |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or | Regulation 14 HSCA RA Regulations 2014 Meeting |

| | |
|---|---|
| personal care | nutritional and hydration needs<br><br>1.The nutritional and hydration needs of service users must be met.<br>2.Paragraph (1) applies where— a.care or treatment involves—<br>the provision of accommodation by the service provider, or<br>an overnight stay for the service user on premises used by the service for the purposes of carrying on a regulated activity, or<br>b.the meeting of the nutritional or hydration needs of service users is part of the arrangements made for the provision of care or treatment by the service provider.<br>4.For the purposes of paragraph (1), "nutritional and hydration needs" means—<br>a.receipt by a service user of suitable and nutritious food and hydration which is adequate to sustain life and good health,<br>b.receipt by a service user of parenteral nutrition and dietary supplements when prescribed by a health care professional, |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>1.Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.<br>2.Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to— a.assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);<br>b.assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;<br>c.maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of |

decisions taken in relation to the care and treatment provided;