

Living Ambitions Limited

Living Ambitions Limited - 330 Guildford Road

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an unannounced inspection that took place on 31 March 2016.

Living Ambitions Limited – 330 Guildford Road is registered to provide accommodation for up to six people who have a learning disability or an associated need including autism, behaviour that challenges or epilepsy. At the time of our visit, there were four people living at the home. The accommodation is a large detached house set within its own garden.

There was 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.

Staff were not up to date with current guidance to support people to make decisions. Staff did not have a clear understanding of the Mental Capacity Act (MCA) or their responsibilities in respect of this. MCA assessments had not been completed for people around whether they had the capacity to make a decision.

Medicines were managed, stored and disposed of safely. Any changes to people's medicines were prescribed by the person's GP and administered appropriately. However 'as and when' medicine was not available people.

Relatives said that they family members were safe. Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm.

There were sufficient numbers of staff deployed who had the necessary skills and knowledge to meet people's needs. Relatives felt there were enough staff. Recruitment practices were safe and relevant checks had been completed before staff started work. Risks assessments for people were detailed and guidance was given to staff on how to reduce the risks of incidents occurring.

Fire safety arrangements and risk assessments for the environment were in place to help keep people safe. The home had a business contingency plan that identified how the home would function in the event of an emergency such as fire, adverse weather conditions, flooding or power cuts.

Staff had the skills and experience which were necessary to carry out their role. Staff had received appropriate support that helped with their development. We found the staff team were knowledgeable about people's care needs. People told us they felt supported and staff knew what they were doing.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk. People were supported to have access to healthcare services and were

involved in the regular monitoring of their health. The provider worked effectively with healthcare professionals and was pro-active in referring people for assessment or treatment.

Staff involved and treated people with compassion, kindness, dignity and respect. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's privacy and dignity were respected and promoted when personal care was undertaken.

People's needs were assessed on a continuous basis to reflect changings in their needs. Staff understood people's needs and information was shared with staff when changes occurred.

There was a complaints policy at the home and staff said that they would support people to make a complaint. The registered manager told us that they would ensure that the policy was in an 'easy read' format for people.

People had access to activities that were important and relevant to them. There were a range of activities available within the home and outside in the local community.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

People's care and welfare was monitored regularly to ensure their needs were met within a safe environment. The provider had systems in place to regularly assess and monitor the quality of the care provided.

Relatives told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the home. Staff told us they would report any concerns to their manager. Staff felt that management were very supportive.

During the inspection we one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Medicines were administered, stored and disposed of safely. However there was no 'as and when' medicines for people in the event that they needed pain relief.

There were enough staff at the service to support people's needs.

People had risk assessments based on their individual care and support needs.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not have a good understanding of how to apply legislation that supported people to consent to treatment.

People's care and support promoted their well-being in accordance to their needs. People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good ●

The service was caring.

Staff treated people with compassion, kindness, dignity and respect. People's privacy were respected and promoted.

Staff were happy, patient and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. There was clear evidence that people were involved with their care.

People's relatives and friends were able to visit when they wished.

Is the service responsive?

Good ●

The service was responsive.

The home was organised to meet people's changing needs.

People's needs were assessed when they entered the home and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly.

People had access to activities that were important and relevant to them. There was a range of activities available within the home and outside.

Staff supported people to voice their concerns or complaints about the home.

Is the service well-led?

Good ●

The service was well- led.

Policies needed to be updated to reflect the new provider's expectations.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

Relatives told us the staff were friendly, supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the home and staff would report any concerns to their manager. The management and leadership of the home were described as good and very supportive.

The provider had systems in place to regularly assess and monitor the quality of the home provided.

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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 visited the home on 31 March 2016 and it was an unannounced inspection.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern.

Before the inspection we gathered information about the home by contacting the local authority safeguarding and quality assurance team. We also reviewed records we held which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law.

The inspection was conducted by two inspectors. We asked some questions of people however most of the people were not able to communicate verbally with us. More was gained from observing interactions between the staff and people and how they communicated with each other. We spoke with three members of staff, the deputy manager and the registered manager. We observed care and support in communal areas and in people's rooms. We looked at two care plans, risk assessments, medicines administration records, accident and incident records, minutes of meetings, three staff records, complaints records, policies and procedures and external and internal audits. After the inspection we spoke with three relatives and one visitor of the service.

This was the first inspection of the home since the provider's registration with the Commission.

Is the service safe?

Our findings

Relatives told us that they thought their family members were safe. One relative said "I'm completely certain that (their family member) is safe with staff and in a safe environment." Another told us "I feel (the family member) is safe, I can trust them (the staff)." One visitor told us "I have never felt that (the person) is threatened or intimidated by staff."

Staff understood about safeguarding people and knew what to do if they suspected any abuse. One member of staff told us "I would report it straight away to the manager and higher if I needed to. Each care plan had a section entitled 'keeping me safe from abuse' and detailed what action needed to be taken both in the home and outside. The service had a safeguarding policy for people and this was also available in an easy read format. This provided staff with guidance about what to do in the event of suspected abuse. Staff told us they had received safeguarding training within the last year and this was confirmed with the training records.

Risks to people were managed safely and in accordance with their needs. Staff were knowledgeable about people's needs, and what to do to reduce the risk of harm. One member of staff said "All of the risk assessments are in care plans (one person) used to have drop seizures and you had to ensure that they wore their helmet and that chairs were moved out of their way." They told us that another person who was unable to hear would have to make sure that staff were always supporting them and that in the event of a fire alarm sounding that staff were there to assist them. People's care plans contained evidence that risks to their safety had been assessed and measures put in place to minimise the risks. These included moving and handling, falls, risk of choking and skin care. One person who was at risk of choking there was detail around how the person needed to be supported to eat more slowly and for staff to ensure that the food has been cut into small amounts. Each risk assessment had been regularly updated.

People who needed had access to specialist equipment such as wheelchairs, walking frames, and specialist beds. We noted that communal areas, stairs and hall ways were free from obstacles which may present as a risk to the person. We saw that walking frames were kept within easy reach of people when they needed to use them.

Staff had information on how to support people in the event of an evacuation. Fire safety arrangements and risk assessments for the environment were in place to keep people safe. Each person had a personalised fire evacuation plan that was regularly reviewed by the registered manager. On the day of the inspection we found that these plans were kept in each person's file but the most recent plans were not kept in the home's evacuation folder. The registered manager told us that this would be addressed that day. There was a detailed business contingency plan in place in the event of an emergency such as fire, adverse weather conditions, power cuts or flooding and staff had knowledge of these plans.

Relatives and the visitor we spoke with felt that there were enough staff to meet the needs of people who lived there. The friend of a person told us "Whenever I have been there I've always felt there are adequate numbers of staff." During our inspection we observed that there were sufficient numbers of staff deployed

to keep people safe and to respond to their needs. We were told by the registered manager that two carers were required in the morning and afternoon with an additional carer for seven hours of the day if needed to assist with taking people on activities if needed. They told us that they regularly reviewed the needs of people who lived there to ensure that there were enough staff and when additional people came to live at the service the staffing levels would be increased. We reviewed the rotas and saw that there were always the correct numbers of staff on duty. One member of staff said "I think there are enough staff, people can go out, there is time to spend with people."

People were protected from being cared for by unsuitable staff because there were robust recruitment processes in place. All applicants completed an application with their full employment history. The provider ensured that the relevant checks were carried out that ensured staff were suitable to work at the service and included criminal records checks and references. Staff files included a recent photograph and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or are barred from working with adults at risk. Staff confirmed that they were unable to start work at the service until these checks had been undertaken. One member of staff said "I had to provide two references and a DBS check was carried out before I started work."

People's medicines were managed safely. Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. There were appropriate arrangements for the ordering and disposal of medicines. Staff carried out medicines audits to ensure that people were receiving their medicines correctly. We checked medicines administration records during our inspection and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines.

The registered manager told us that people at the service did not have any prescriptions for 'as and when' medicines. They told us that they would need to contact the GP in order for them to prescribe pain relief such as paracetamol. The registered manager said that at times this did cause a delay to people who needed mild pain relief. There was a risk of delay for the person to get their pain relief. The registered manager told us that to resolve this they would contact the GP to obtain prescriptions for people for 'as and when' medicine to be kept at the service.

Is the service effective?

Our findings

People's human rights could be affected because the requirements of the Mental Capacity Act (MCA) were not always followed. The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. The registered manager told us that specific mental capacity assessments were not taking place with the people who lived in the home. People were at risk of having decisions made for them without their consent, as these assessments of their mental capacity were not completed. People often had health care treatments such as dental treatment and blood taking. The registered manager told us that capacity assessments were not taking place to assess whether people had the capacity to consent to these treatments. There was no recording of any meetings to establish whether it was in the person's best interest to have treatment if they were unable to consent. The registered manager and staff did have an awareness of MCA but were not sure how to put this into practice at the service.

Failure to gain appropriate consent in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. These safeguards protect 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. At the time of the inspection no applications needed to be submitted to the local authority.

Relatives and the friend of someone living at the home told us that they felt staff were competent in their role. One visitor told us "The staff skills at the home are good."

Staff were sufficiently qualified, skilled and experienced to meet people's needs. The registered manager ensured staff had the skills and experience which were necessary to carry out their responsibilities through regular training and supervision. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. One member of staff told us "I had all of my initial training before I started work, we touched upon a lot of areas, I learned a lot more once I started work here." When asked if the induction they received was sufficient they told us that it was. They also told us that they spent time with people and observing staff at the home before they started to provide care. All staff received mandatory training specific to the needs of people who lived at the service. This included learning disability, diabetes, autism, epilepsy and moving and handling.

Staff had received appropriate support that promoted their professional development. Staff told us they had regular meetings with their line manager to discuss their work and performance. One member of staff said, "(The deputy) sits me down regularly to discuss my performance." They told us that they found this a useful way to discuss the things that were going well and the things that needed improvement. Records we reviewed confirmed that regular supervision and annual appraisals took place with staff to discuss issues and development needs. Management observed staff in practice and any observations were discussed with

staff, this was to review the quality of care delivered.

People were supported to have a balanced diet and were involved in choosing the menu. We saw people choosing what they wanted to eat from a variety of fresh foods. There was a menu for people to choose from which was in picture format and alternatives offered if people wanted. Staff were aware of people's individual dietary needs and preferences. This information was recorded in each person's care plan and any risks with food were also recorded. Where people were at risk of choking there was clear guidance to staff on how best to support the person to eat. We saw this in practice on the day. One person who was at risk of choking was encouraged to eat slowly and to cut their food up in smaller portions. A friend of a person told us "When I have been at the home at mealtimes there is always plenty for people to eat, (their friend) is always offered drinks and snacks when I am there." One member of staff said "People will tell us when they are thirsty but I will offer drinks all the time, if people want a snack they can help themselves." During the inspection we saw that people were offered drinks and there was plenty of fresh fruit and snacks.

People's care plans demonstrated that their healthcare needs were monitored and addressed. A friend of a person told us "Staff always make sure (their friend) has their healthcare appointments." On the day of the inspection one person was returning from their appointment at the GP. There was evidence that people saw healthcare professionals when they needed to and that any guidance put in place was included in their care plans. We did note that there were no scales at home to assess whether people had lost weight. The registered manager told us that they needed to purchase an appropriate scale that would take wheelchairs. After the inspection they confirmed to us that the equipment had been ordered. There was however evidence that people who had been in hospital recently had been weighed. There were no concerns about people's nutrition or hydration.

Is the service caring?

Our findings

Relatives and the visitors we spoke with were complimentary about how caring staff were. One relative told us "Staff are really fond of (their family member); they make sure that (the family member) is fine. One visitor told us "Staff are very caring, they help people keep in touch with their families."

We observed staff were kind, caring and thoughtful. On one occasion we heard staff singing songs with someone, we heard them laughing together and we heard the person enjoying spending time with staff. On another occasion someone became unwell, we saw the member of staff gently talk to the person, reassure them and ask the person if they needed anything. On another occasion staff offered a chair to someone as they could see that they looked a little unsteady. Another person was getting anxious and kept asking staff questions, staff responded in a patient and caring manner and we could see that this reassured the person. Staff greeted people when they walked in the room and people responded positively to this.

Staff told us that they enjoyed working at the service. One member of staff said "I love working here, if people needed help I would treat them like they are my own family, we can have a laugh and a giggle." Staff told us how much it meant to them for one person to be re-united with their family member and that this had a big impact on them.

People were able to make choices about when to get up in the morning, what to eat, and what to wear and activities they would like to participate in. One relative told us that their family member would know how to make choices and that staff also supported their family member to make choices about their everyday life. Another relative told us that staff supported people to stay up as late as they wanted and that they were never told when to go to bed or get up. People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them. One visitor told us about a particular passion of one person. They said that staff encouraged and supported the person to fill their room with memorabilia around this passion. We saw that this was the case.

People were also encouraged to be independent. One person asked a member of staff if they could get them something. We heard the member of staff say "Shall we compromise, how about you go half way and I will go half way and we can get it together." The person responded to this positively. Another person was encouraged to put their own sugar in their tea. We saw people being encouraged and supported to be involved in household chores such as clearing up the kitchen and tidying things away.

Staff knew about the people they supported. They were able to talk about people, their likes, dislikes and interests and the care and support they needed. One relative told us that staff understood the sounds that their family member made and how the person felt. There was detailed information in care records that highlighted people's personal preferences so that staff would know what people needed from them. Information was recorded in people's plans about the way they would like their care. In one care plan it stated that they liked to be well-dressed and to have their nails painted. We saw that this person was dressed up and had their nails painted. One member of staff told us that one person liked to turn their music up quite loud and we saw this person doing this demonstrating to us that staff knew this person's

preferences.

We saw that staff treated people with dignity and respect. Personal care was provided in private and people were discreetly asked if they needed to use the toilet. One relative said "They talk to (the family member) in an age appropriate way, like they are an adult." We saw this demonstrated through the day. One visitor told us "I've always seen (the person) treated with respect by staff."

Staff called people by their preferred names; we saw examples of this during the inspection. We also saw staff use endearments with people which people understood and liked. We saw staff also allowed people time to speak and responded to them appropriately. Staff gave examples of how they treated people with dignity and respect. One member of staff said "I make sure that if people are using the toilet that the door is shut, I ask people what they want and we are always encouraged to speak to people like they are adults."

People and relatives where appropriate were involved in making decisions about their care. One relative told us "I was asked If I wanted to be involved in the decisions about (the family member's) care." It was evident from care plans that people were involved in decisions about their care. We saw that pictures and photos were used throughout the care plan to help people make decisions about the care they wanted. Information taken included what they did and didn't like and how they wanted to spend their time. Relatives and friends were encouraged to visit and maintain relationships with people. One visitor told us that staff always encouraged them to maintain contact with the person and was always invite to any events that were happening at the home. Where needed people had an advocate to assist them in making decisions about their care.

People at the home communicated in a number of different ways. Care plans detailed how they communicated and what this meant. One care plan had photos of the different signs that a person made and what this meant. We saw these signs being used on the day and staff understanding and responding to them. One person was learning Makaton (a form of sign language) however no staff at the service used Makaton. The registered manager told us that they were organising Makaton training for staff to help them to communicate more with the person.

Is the service responsive?

Our findings

Relatives and the visitor we spoke with felt that staff at the service responded to people's needs. One visitor told us that steps had been taken by staff to ensure that their friend was supported with their changing needs. Whilst we were at the service one person became unwell, we saw a staff member address the concerns with confidence and understanding of the person's health care condition.

People had lived at the home for a number of years. We saw in the care plans that there were details around their needs before they moved in. Care plans had been regularly assessed since they moved in. There were detailed care records which outlined individual's care and support. This included sections on 'How my support will provided', 'Outcomes and Goals', 'My Nights' and guides around how their care should be delivered. Care plans were written in a person centred way and included information around what a 'bad day' and a 'good day' looked like for people. Other areas covered included personal hygiene, medicine, health, dietary needs, sleep patterns, safety and environmental issues, emotional and behavioural issues and mobility. Any changes to people's care was updated in their care record and ensured that staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member. One relative said "They let me know if anything happens." Whilst we were at the service we heard a member of staff call a relative to update them on their family member's health.

Staff told us that they completed a handover session after each shift which outlined changes to people's needs. The information related to a change in people's medicine, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, how their evening and night time was, their health and a section around any changes. The staff had up to date information relating to people's care needs. One member of staff told us that as well as reading through people's daily notes they shared information at handover. We asked a new member of staff what the needs were of people, they were able to provide details around each person's care as they had read people's care plans.

Each person at the home was involved in a variety of different activities dependent upon what they wanted. One visitor told us "(The person) gets involved in different classes (adult education), karaoke and parties." We saw that each person's weekly activity schedule differed. One person was involved in pottery classes, performing arts, gardening classes and art and crafts. Whilst another person went to Makaton classes and trips out shopping. In addition there were group activities to bowling, cinema and parties. Indoor activities were also offered. We saw that people were involved with cookery, painting, listening to music and drawing. One member of staff said "During half term we don't have the classes but we will sit and talk to them (people) about what they want, I really think they have enough to do."

Relatives were aware of the complaints process and people were supported to make complaints if they needed to. However we did discuss with the registered manager that there was not easy read complaints policy for people who lived at the home. They told us that they would address this and discuss this in people's one to one meetings. We looked at the provider's complaints policy and procedure which was displayed in the office. We saw that there had been no complaints at the home. Staff told us that they were aware of the complaints policy and would support people to if they wanted to make a complaint. One

member of staff said "If people are unhappy I would talk to them about it and take them to see the manager if needed."

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager who was also the manager of the next door service. Since the new provider Living Ambitions took over as the provider of both services steps had been taken to improve policies and update records. The registered manager told us that this had been a long process. A lot of the policies that we looked at referred to the previous provider. The registered manager told us that the new provider was adopting a lot of the previous provider's policies and that steps were being taken to update the policy headings to reflect this.

Relatives and the visitor we spoke to all told us they were happy with the management and running of service. The visitor told us "I think the home is well led, whatever challenges there have been (the registered manager) has dealt with them well."

People were involved in how the home was run. The registered manager told us "In the past we tried having residents meetings and some people found it difficult to express themselves in a group." They told us that the meetings had been started again. We were shown the minutes of the past three monthly meetings which were in picture format. Discussions included what people wanted on the menu and what activities they wanted to take part. The minutes detailed the contributions made by people who lived there.

We saw during the inspection that the registered manager had an open door policy, and that people and staff accessed their office through the day. The registered manager engaged with people and had a vast amount of knowledge about the people living at the home. They were polite, caring towards them and encouraging them.

Staff we spoke with told us that they were happy with the way the service was managed. One member of staff said "I feel so supported (by the management team); if I have a problem and can ask them and they will always help, we are good team." Another member of staff said "I feel so supported by the management here." Staff told us that they had team meetings and that these were a way of discussing any thoughts they had about how the home should be run. We looked at the minutes of the meetings and saw that these included discussions about policies and procedures, health and safety, training and pay. Staff understood the values of the home and what they were there to do. One member of staff said "You can spend time with the guys (people) and give them a better life, help them achieve their goals."

The provider had a system to manage and report incidents and accidents. Staff told us they would report concerns to the registered manager. We saw incidents and safeguarding's had been raised and dealt with where relevant notifications had been received by the Care Quality Commission in a timely manner. Incidents were reviewed which enabled staff to take immediate action to minimise or prevent further incidents occurring in the future. We saw accident records were kept. Each accident had an accident form completed, which included immediate action taken.

People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. There were a number of systems in place to make sure the home assessed and monitored its

delivery of care. Various audits were carried out such as health and safety, medicines and home maintenance. The regional manager also undertook monthly quality assurance checks and emailed appropriate actions to the registered manager for them to address. In January 2016 the action plan included staff supervisions to be kept up and date and for two people to be referred to health care professionals and this had been addressed. In February 2016 it was raised that the fridge needed to be stocked with fresh food and that were kept up to date with policies. We saw that these had also been addressed.

People's and relatives feedback about how to improve the service was sought. Surveys had been carried out and an analysis of their surveys was being undertaken by the provider. Relatives confirmed that they were sent surveys each year and were asked for feedback regularly.

We looked at a number of policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance, safeguarding and whistleblowing. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated their knowledge regarding these policies and procedures. The policies and procedures were reviewed on a regular basis. This ensured that people continued to receive care and support safely.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not ensured that people's consent had been gained and their capacity had been assessed.</p>