Lifeways Community Care Limited

Prudhoe House

Inspection report

South Road
Prudhoe
Northumberland
NE42 5JS

Tel: 01661830786

Date of inspection visit:
21 December 2015
24 December 2015

Date of publication:
18 February 2016

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

The inspection took place on 21 and 24 December 2015. This was an unannounced inspection and was the first inspection since the provider registered with the Care Quality Commision in October 2015.

Prudhoe House provides residential care, with no nursing provision, for up to five people with learning and physical disabilities. Staff at the service support people to access a variety of activities and to lead full lives with the support of care staff. At the time of our inspection there were four people living at the service, some of whom received one to one support.

The service had 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.

Medicines were managed safely and in line with safe working practices in the management of medicines. A pharmacist audited the homes medicines regularly.

Accidents and incidents were recorded and monitored for trends forming and where appropriate, risk assessments were put in place for people and for the environment they lived in.

People told us they felt safe at the service. Staff were aware of their responsibilities to report any safeguarding concerns to the registered manager. People told us there were enough staff at the service to support them and we confirmed this through records.

Emergency procedures were in place and regular checks on the maintenance of the building were conducted.

People told us they were happy with the food and refreshments available to them and we saw a wide range of quality fresh food and vegetables within the kitchen. We found staff were trained and received induction, supervision and appraisal from the registered manager. The registered manager was in the process of reviewing and refreshing staff training.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The registered manager had not fully complied with the requirements of the MCA and people who were deprived of their liberties had not all been assessed to confirm this was done in line with the Deprivation of Liberty Safeguards.

Staff were caring and kind and treated people as individuals. People were respect and their dignity was maintained. People's care needs were detailed, recorded and reviewed by staff with input from people

where possible, their families and healthcare professionals. We noted that the registered manager and staff were in the process of updating every person's care records to be in line with the paperwork used by the new provider.

People had choices and were able to participate in a wide range of activities. Staff encouraged and supported everyone to maintain social and family links. People and their relatives told us they knew how to complain and would be able to if necessary.

Staff told us they felt supported by their colleagues and the registered manager and felt they worked well as a team. There was some disappointment between staff members due to the possibility of changes being implemented by the new provider in relation to their terms and conditions of employment.

Audits and checks were in place to support the registered manager to monitor the quality of the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the need for consent. You can see what action we told the provider to take at the back of the full version of this 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.

Safe management of medicines procedures were in place and staff followed them fully.

Staff understood their safeguarding responsibilities and were aware of when to report and how to do that.

Any accidents were reported in line with normal procedures and these were monitored for trends.

The home was very clean and the registered manager ensured that it was well maintained.

Is the service effective?

Requires Improvement

The service was not always effective.

There were induction and training opportunities for staff and they told us they were supported by their line manager. The new provider was in the process of reviewing staff training.

The registered manager and staff had a working knowledge and understanding of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005, but people had not been assessed to ensure they were not unlawfully being deprived of their liberties.

A range of fresh food and refreshments were available throughout the day and people who had particular requirements around their dietary needs were catered for.

Is the service caring?

Good

The service was caring.

People told us the staff were caring and relatives confirmed this.

People were treated with dignity and compassion. We saw people being treated as individuals with kindness and warmth.

Some people were able to tell us that they were involved in the care and relatives confirmed that they were always included.

Is the service responsive?

Good

The service was responsive.

Relatives were supported to preserve family bonds.

People participated in a range of activities and told us they were able to make choices about how their care was delivered.

Care plans were in place that reflected people's individual needs. Plans were reviewed and updated as people's needs changed. The registered manager was in the process of updating and changing paperwork in line with their new provider's policies.

One person was able to confirm they knew how to complain and explained how. Relatives told us they knew how to complain if they needed to and information was available to support them to do that.

Is the service well-led?

Good

The service was well-led.

Relatives respected the registered manager and had confidence in them and all of the staff at the service.

There had been recent discussions with the provider and the staff were feeling somewhat disappointed because of the possible changes that could take place in relation to their terms and conditions of employment.

Staff felt supported by the registered manager and were positive about the working relationship the team had with each other.

Audits and quality checks were completed and monitored by the provider. We noted that new monitoring procedures had been implemented at the service due to the change of provider.

Prudhoe House

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 21 and 24 December 2015 and was unannounced. The inspection was carried out by one inspector.

Before we visited, we reviewed information we held about the home, including the notifications we had received from the provider concerning any accidents or incidents that had occurred. We also contacted the local authority commissioners for the service, the local Healthwatch and the local authority safeguarding team. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. Where organisations responded we did not receive any information of concern.

Due to the late scheduling of this inspection the provider had not been asked to complete 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.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We met with all four people who used the service although only one person was able to verbally communicate their views. We spoke with one family member during the inspection to get their opinions of the home. We also spoke with the registered manager and four other members of care staff.

We observed how staff interacted with people and looked at a range of care records which included the care records for two of the four people who used the service, medicine records for two people and personnel records of staff. We also looked at four weeks of duty rotas, maintenance records, health and safety records,

menus, all quality assurance records and a range of the provider's new policy documents.

After the inspection we asked the registered manager to send us a copy of their training matrix and other supporting documents which they did within the agreed timescales.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. When we asked one person if they felt safe at the service, they immediately answered, "Yes." As the majority of people had difficulty communicating with us, we observed their interactions with staff throughout our inspection and also watched the way people moved around the service. People appeared relaxed and at ease with staff and those that were able, could move around the service easily and safely. Relatives we spoke with said they thought the service was safe and that their relatives were safe too.

People were safeguarded from abuse such as physical harm or psychological distress arising from poor practice or ill treatment. Staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they witnessed or suspected ill treatment or poor practice. Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults' team. We saw risks had been assessed, both for individuals living at the service and for general tasks or hazards. We noted that care records included detailed risk assessments to ensure the safety of people, staff and visitors at the service. For example, one person was at risk of falls and a detailed risk assessment, with suitable measures to reduce the risk, was in place.

Fire systems and equipment checks were up to date. We saw an emergency planning file with details of what staff should do in emergency situations, for example; a death, violent situations, or if a person went missing. When we spoke with staff, they were confident about where to look for guidance and how to implement it. There were suitable fire emergency procedures in place, including an up to date fire risk assessment. Staff completed regular fire drills and we saw equipment was suitably maintained. Each person had an evacuation plan to support them to leave the building should an emergency arise.

When we toured the building, we observed it was very clean and smelt fresh and pleasant. There was a designated infection control staff lead, whose responsibility was to circulate information and guidance to underpin staff understanding. The registered manager regularly checked processes in place to ensure people were protected against the risk of infection. This included checks on infection control measures and monitoring of staff hand hygiene.

The service was well maintained, with regular checks on the premises being completed. For example, the five year electrical testing of the service had been completed, along with checks for legionella. Legionella is the bacterium which causes legionnaires' disease, and flourishes in air conditioning and central heating systems. We also noted that checks on the lift were completed and on other equipment used directly by the people living in the home, for example wheelchairs and hoists. This ensured that people and staff were able to go about day to day tasks in a safe way.

Accidents and incidents were recorded and monitored by the registered manager for any trends forming. We noted from previous incidents that additional precautions had been put in place and where required, they were done in people's best interests with relevant healthcare professional involvement. We noted that

people who were at high risk of falls, had additional measures in place to keep them safe, including an alarm to alert staff when they were moving about and a safety helmet to protect their head in the event of a fall.

We found safe staffing levels were met. A staff member said, "Staffing levels are sufficient to the residents' needs." When we discussed this with further staff, we were also told staff levels were adequate. We observed staff supporting individuals in a timely and unhurried manner, using a caring and patient approach. We noted that during the night two staff members were present, one asleep [sleep-in] and the other awake. This meant that if an emergency occurred, the service was suitably staffed.

We checked staff files and found correct procedures had been followed when staff had been recruited. Recruitment records included references and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). A staff member confirmed, "I was asked for my DBS and references before I started, they wouldn't let me start before I got these." The registered manager had safeguarded people against unsuitable staff by completing thorough recruitment processes and checks prior to their employment.

We checked how medication was administered to people and observed this was done in a safe, discrete and appropriate manner, usually in people's bedrooms where their medicines were kept in secure storage. We noted the staff member concentrated on one person at a time. They used quiet tones to explain what they were doing and provided constant reassurance while they administered any medicines. We were told where people refused their medicines this was managed correctly and the GP would review the individual's needs. A staff member told us, "If someone did refuse we would try a few times and don't just give up. We can't force them but we do try very hard, it does not happen that often though."

All staff who administered medication had received training to underpin their skill and knowledge. Medicines were only administered by staff who had been trained. A staff member said, "The chemist comes and does checks. We work very closely with them." We saw evidence that the local pharmacist had visited the service on 9 December 2015. This showed the provider had protected people from unsafe medicines management by ensuring staff were adequately trained and medicines were suitably checked. Damaged or unused medicine was recorded and returned to the pharmacist safely.

Requires Improvement

Is the service effective?

Our findings

Relatives told us that they felt the staff team were skilled to deal with the people that lived at the home. One relative told us, "Not sure what training they get really, but they look after [person] very well."

We saw records that confirmed staff received a full induction programme and were now completing the new 12 week care certificate induction process. One new starter had completed a number of sections in their programme and the registered manager confirmed that they were doing well with it. Staff were experienced and had completed a range of training. For example, safeguarding adults, medicines and moving and handling training. Staff were in the process of updating their training in line with the provider's policies and current practices. We noted that some training was out of date, although the registered manager confirmed that refresher training had been booked for the next few weeks with further updates following.

Supervision was planned with each staff member and had taken place regularly. Staff told us that because it was a small service they were able to discuss any issues or concerns they had with the registered manager at any time and did not have to wait for formal supervision. One staff member said, "We are very supported by [registered manager], she is great." And "Not sure about the organisation as its early days." We noted that appraisals had been completed.

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. If people lacked the mental capacity to make particular decisions, their relatives, social worker and key worker usually made the decision in the person's best interests. Staff told us they would always explain to people before they provided any care or support. They told us some people would not be able to communicate their consent, so care would be provided in the person's best interests. Staff told us they would know if someone did not want them to provide care by their actions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service had not submitted DoLS applications to the Local Authority in line with the principles of the MCA for people who were being deprived of their liberties. Records confirmed that no application had been completed and the registered manager confirmed that they had not made an application at the current time, although they told us they had made calls to care managers about this but no application had been made.

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

People told us the food was good. One person said, "The food is nice, yes." Most people had their main meal together in the dining area. There was plenty for everyone to eat and drink and people really enjoyed their meal and spending the mealtime together. Relatives told us the food served at the service was very good. One relative told us, "I come here often and when meals are served they look nice."

There was a menu on display which showed a varied choice of healthy and nutritious meals. Healthy living records documented people's food intake and also confirmed a variety of food types had been made available. People's food preferences were recorded and staff were observed to have a clear understanding of this during meal times as we overheard one staff member having a conversation with one person about how they did not like a particular item of food. One person made a specific sound which indicated they were happy, they made this sound during lunch time. Where people had specific dietary needs, for example, they required their food to be pureed, staff supported them to meet that need and regular contact was made with healthcare professionals to monitor this. We saw a range of fresh food and vegetables was available within the kitchen area.

Where an individual's health needs had changed, staff worked closely with other professionals to ensure they received support to meet their ongoing needs. One of the aims of the staff and management team was to keep unnecessary hospital admissions to a minimum. Consequently, there was a desire to support people in their familiar surroundings and to keep disruption to a minimum. Care records contained details of professional visits, including the reasons for this and any on-going actions to manage people's health. People's relatives were kept informed about any changes or access to other providers. A relative told us, "I am told if and when any problems crop up." The registered manager assisted people to maintain the continuity of their care and treatment by having access to other services.

The premises was a listed building but had been adapted with care to fit the needs of the people living there. Although space was limited for further adaptions to the service, there was wheelchair access and lifts were in use, with hoists available for those people who required that level of support.

Good

Is the service caring?

Our findings

The individual we spoke with told us they experienced good standards of care. One person said, "They [staff] are nice to me. Yes, they are very nice." The relatives we spoke with were very complimentary about the care provided at the home and said staff were very good and caring in what they did. One relative said, "I think you have to be caring in this work, otherwise you should not be doing it."

We found, without exception, staff were sensitive and respectful towards people and engaged with individuals in a caring manner. For example, staff had taken the time to get to know people, such as their backgrounds and preferred ways of being supported. They understood each individual's requirements and it was clear staff treated them as family members. We observed staff interacted with people in ways that demonstrated they mattered to them. A staff member told us, "Every time you come in you say 'hello' and just chat. It's always about building trust in order to get to know people."

A caring, friendly and close bond was evident between people and the staff. For example, people and the staff supporting them all had their main cooked meal together in the dining area. Everyone seemed to really enjoy the meal and the company. Although people did not say much they appeared to understand and be interested in what the staff were saying to them and to each other. We observed staff smiling throughout our inspection. It was clear they were dedicated. One staff member said, "It is challenging, but very rewarding. It's really important to do something worthwhile and I can go home knowing I've done a good job." This demonstrated they understood the huge impact their behaviour would have on people's lives.

The home was decorated for Christmas and people were excited about Christmas day soon approaching. One person was able to tell us what they planned to do on Christmas day and how the staff were going to help them. For example, they said they would be having a Christmas dinner and then said they might play some games. People, with the support of staff had thought what they would like to be doing on Christmas day and it was clear that the staff wanted people to enjoy the day as much as possible.

Staff consulted people about their daily routines and activities and no one was made to do anything they did not want to. The services ethos was centred around each person's wishes and needs rather than the routines of the home. Each person kept a daily record of their activities and
the things they enjoyed or disliked. People's needs and preferences were then recorded
in a weekly key worker report. The key worker was responsible for ensuring the person's needs and preferences were known and respected by all staff. Each person had a designated key worker and a dedicated team of care staff.

Relatives told us they were supported to maintain their important relationships with people who lived at the home. They said they were encouraged to come at any time and that staff were extremely friendly and welcoming. We saw many examples of this, such as staff greeting relatives by name. They engaged in a manner that evidenced staff had taken the time to get to know relatives. One person was supported to visit their mother regularly. People and their relatives said, where appropriate and possible, they were involved in their care as much as they wanted to be. This showed staff understood the importance of sustaining

relationships as part of improving the individual's well-being and social skills.

People were supported to maintain their independence. Staff described how they supported people to do as much for themselves as possible rather than them taking over. They said they would offer prompts and encouragement and we witnessed that during the inspection. We saw people who were independently mobile were free to move around the service and were able to sit where they wished.

At the time of the inspection no person was using an advocate, as most people were supported by their family members. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

People's dignity and privacy was maintained. Staff recognised the importance of ensuring that they closed doors when providing personal care and that they needed to be discreet while offering any form of personal care intervention. We observed one person was ready with their coat on to go out. One staff member saw that is was not on correctly and discreetly whispered into the person's ear before offering to help put it right. Staff respected people's confidentiality. Staff treated personal information in confidence and did not discuss people's personal matters in front of others, for example, other relatives.

Good

Is the service responsive?

Our findings

Only one person could communicate with us and express their thoughts about how they were involved in their care. When we asked them if they were involved in their care, they told us, "All the papers are in there [as they pointed to a locked cupboard]." We asked relatives if they felt included in the care that was given to their relatives. One relative told us, "I am always included. [Registered manager] and the staff always speak to me and keep me up to date." And "I don't know what I would do without them [staff] sometimes, this is their [persons] home."

Care records confirmed that people were cared for as individuals. After people's needs had been assessed, care plans were put in place which were tailored to them, including for example around epilepsy, personal care and medicines. We saw care records were regularly reviewed with the person if possible, their relatives and also professionals. Staff were able to describe each person's needs when we asked them. They were able to tell us how they ensured people remained as safely independent as they could. We saw care plans detailed how staff should support people and one record described how to assist someone with their communication and how to recognise when they were upset. Another record we looked at explained how to support one person with behaviour that challenged. The registered manager confirmed that the records were in the process of being transferred over to the new providers paperwork and should be completed soon. Monitoring records were kept and updated daily regarding, for example, those that needed to be weighed regularly to ensure they remained nourished.

Details about people's preferences, life histories, medical conditions and wishes around the provision of support were available. This gave staff an immediate reference guide in maintaining the individual's on-going needs. The registered manager had ensured information was available to assist staff to be responsive to people's support requirements. We heard staff offered people choice in a consistent manner and throughout our inspection. This included staff asking people "What do you want to eat/drink", "Where do you want to go", "Where do you want to sit", "What do you want to do", etc.

One person was supported by staff to complete a jigsaw puzzle. We asked them after they had finished if they had enjoyed doing that and they said, "Yes, I like puzzles. That one [and pointed to the one they had just completed] is good." We observed staff provided one-to-one and group activities throughout our inspection. They encouraged people to participate or changed the activity to suit their interests. Staff worked at the individual's pace, whilst recognising and appropriately celebrating their skills and achievements. This was another example of staff consistently tailoring care to people's needs rather than working in a task-orientated way. The registered manager had maintained people's well-being because people were stimulated by activities they enjoyed. One person showed us a Christmas cake they had made with the support of staff, for a member of their family. They were very pleased with the result and told us, "It's a surprise, she does not know I have got that for her." Two people were taken out to get be involved with the weekly shop for the home. One staff member said, "It's not easy when you're out, but it is so important that people are involved with these sort of things, it's important to them."

People had choice in what they wanted to eat and what they wanted to do. We observed staff checking with

people if it was okay to perform a task with them before they started to do it and also asking people if they were happy with particular choices they had made. For example, we observed one person being administered their medicines and staff asked if it was okay for them to proceed before they did. We overheard one person being asked what they wanted for their lunch.

The registered manager had supported people to apply for a mobility vehicle and this was being processed with the expectation that it should be confirmed soon. They told us, "It will make a real difference to them [person]."

We checked the complaints folder and since the last inspection, the registered manager had not received any complaints. There was a complaints policy in place and this was available to staff and other visiting people to use should the need arise. Relatives told us they had been made aware of how to comment about people's care if they chose to. However, people and relatives we spoke with told us they had no problems or concerns to raise. One person told us they knew how to complain. They said, "I would tell [family member]." When we asked if they would be comfortable to speak with the staff about something they were not happy with, they said they would be. One relative told us, "Most of the people cannot speak, but we [families] would know if something was wrong." And "They [people] are like one family really."

People were assisted to their hospital or GP appointments by the staff at the service and information was recorded on their care records which staff would use to take with them in order to support the person in the transition between the two services.

Good

Is the service well-led?

Our findings

At the time of our inspection there was an established registered manager in place. The registered manager had many years of experience of working with people who had learning and physical disabilities. They told us, "I love working with the people here." Relatives told us that the registered manager was very approachable and went out of their way to provide good quality care to their relatives.

Staff told us the registered manager was exceptionally supportive of people in the home and the staff. They said the registered manager was extremely good at their job and was experienced, caring and approachable. The ethos of the home was to provide excellence in care. This was promoted by the registered manager, who strived to continually look to where the service could be developed or improved. For example, the registered manager had set up awareness sessions with Shared Lives carers to support them in various aspects of people's care, including nutrition and hydration. The registered manager was hands on and regularly worked evening and night shifts to assist in maintaining people's requirements. They additionally monitored and supported staff to sustain their person-centred model of care.

There was a clear staffing structure in place to ensure a senior member of staff was always available to provide supervision and support. There was an on call system available which meant staff had access to immediate help, should that be required.

Surveys had been completed by people. As most of the people living at the service could not express themselves, staff had used smiley faces to help. We showed one person a picture of the smiley face and they seemed to recognise what they were used for. Pictures were used to ask if they were happy and if they liked living at the service. All the examples that we saw were positive.

House meetings took place regularly and the last one took place on the 22 December 2015. Staff support people to participate with the use of pictures or signs where verbal communication was not possible. This meant that the provider ensured that people played as much of a part as they could in the running of the service. Relatives were also welcome to sit in on these meetings.

Staff were able to discuss service related items or other issues of interest to them at regular staff meetings. Meetings were generally held monthly and we saw a range of issues had been discussed, including recent changes of provider and some of the other changes with the policies and procedures. We were made aware that many of the staff were disappointed with some of the recent changes proposed by the current provider with regard to their terms and conditions of employment. We were told that although nothing had been confirmed yet, staff felt demotivated and some mentioned the possibility of having to leave to work elsewhere, and one said, "I would not want to leave but I might have to."

We saw that issues regarding staff had been processed appropriately and staff were offered suitable support from the registered manager.

Audits and checks were completed to ensure that the staff at the service delivered high quality care.

Medicines were monitored by the registered manager regularly to ensure prescribed medicines were available, stored safely and administered correctly. The local pharmacy had visited and completed a number of medicines audits to support the work of the staff in regard to medicines and to ensure they followed best practice. We noted a number of actions that they had recommended had been put in place by the registered manager. For example, it stated that the service required a new controlled drugs register, and we were able to see that a one was in use. Health and safety checks were completed monthly and included checks on wheelchairs, food hygiene, water temperatures and first aid equipment. Checks also took place to monitor people's care plans and ensure they were appropriate. The provider's representative had visited the service a number of times and had started to implement the providers separate quality monitoring procedures.

The provider had put in place a large number of policies to underpin service quality and safety. These included procedures related to environmental safety, staffing and care practices. Staff were required to read policies and ensure they understood them to assure a safe and effective service delivery. This was still in the process of being completed due to the recent takeover of the service by another provider.

People were supported to become involved in the local community. The registered manager and staff had built strong links with specialist resource centres for people with a learning disability and local facilities that provided people with alternative activities, for example crafts and bingo.

The new provider's mission statement was to provide people with excellent support to do the things they wanted at a good value. We noted that respect was a big part of this. We certainly observed many examples of this throughout our inspection, between staff and people; between staff and relatives and between staff and their colleagues.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not acted within the principles of the Mental Capacity Act and had not submitted any Deprivation of Liberty Safeguard applications to the Local Authority. Regulation 11