

Care UK Community Partnerships Ltd

Dashwood Manor

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Dashwood Manor is a residential care home providing nursing and personal care to up to 70 people. The service provides support to older people, some requiring nursing needs and some of whom were living with dementia. At the time of our inspection, they were providing care to 62 people.

The service accommodates people in one adapted building over three floors. The ground floor supports people with residential care needs, the first floor comprises of 2 units which both support people living with dementia and the second floor supports people requiring nursing care.

People's experience of using this service and what we found

We found medicines, including controlled drugs were not always managed according to guidance and legislation, and a failure to ensure the proper and safe management of medicines. Some people's risk assessments and care plans were not always accurate and contained inconsistencies.

Quality assurance measures were in place but these were not always robust, some issues identified on inspection were not appropriately identified through the providers audit processes. The registered manager has acted upon feedback from this inspection and was putting plans in place to address the issues identified.

We found the principles of the Mental Capacity Act 2005 (MCA) were not always followed, for example in relation to care and treatment, medicines, and hourly welfare checks. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible, and in their best interests.

People's care plans were personalised and contained information about people's history, and personal preferences. However, some areas of the care plans contained inconsistent information or it was missing which was not always identified during the audit process.

People were supported by kind and caring staff who treated people as individuals and with dignity and respect. The provider had robust recruitment systems to ensure staff were safely recruited. People and their relatives said staff were lovely. We observed staff were patient and compassionate towards people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 8 September 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We have identified breaches in relation to need for consent, safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Dashwood Manor

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors, 1 medicines inspector and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Dashwood Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dashwood Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 March 2023 and ended on 29 March 2023. We visited the service on 13 and 14 March 2023.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed the home environment, made observations of mealtimes, medicines administration and staff interactions with people.

We spoke with the registered manager and 9 members of staff, including the deputy manager, care staff, activities staff, housekeeper and maintenance staff. We spoke with 6 people using the service, and 15 people's relatives. We spoke with 1 visiting professional.

We reviewed a range of documents, these included 12 people's medicines records, care plans and risk assessments. We reviewed policies and procedures, training records, audits, recruitment files and other records in relation to the running of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider did not always manage medicines, including controlled drugs according to guidance and legislation. Medicines and medical devices were not always stored in line with the providers policy and guidance.
- Medicines were not always administered as the prescriber intended. This included 'time sensitive' medicines. These are medicines that need to be given at a certain time to make sure they are safe or work effectively.
- We were not assured that people always received medicines in a way that met their individual needs. Person centred information on how people liked to have their medicines administered and any special administration methods were recorded. However, this was not always available to staff at the time of conducting the medicines round.
- People admitted to the service did not always have their medicines considered in line with current recommendations. Medicines care planning and risk assessments were not always sufficiently detailed and, in some cases missing. Placing people at potential risk of not receiving the correct medicines or receiving medicines at the incorrect dose when moving to the service. The service had processes in place for the ordering of medicines. However, these were not effective.
- Physical health monitoring was not consistently undertaken as required by the provider. There was no clear evidence this was undertaken regularly by staff to ensure the medicine was suitable to be given or if further intervention may be required.
- Records showed staff had completed medicines training and had their competency assessed. However, we were not assured competency assessments were robust and undertaken to a consistent standard. There were processes in place for the reporting and actioning of medicine incidents, and records showed the provider was responsive to these. However, the process for shared learning was not always effective, due to similar issues repeatedly occurring. The provider could not demonstrate that they had assured themselves that all staff were aware of discussions.

The failure to ensure the proper and safe management of medicines was a breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, and there were policies and procedures in place to support staff in safeguarding people. Staff had completed safeguarding training.
- People told us they were safe. One person said, "Oh yes, I feel quite safe."
- The registered manager dealt with safeguarding concerns appropriately when they were raised, however

we noted not all unwitnessed falls resulting in injuries had been reported by the provider to local authority safeguard team or CQC when appropriate. This was raised with the registered manager who gave assurances this would be implemented immediately.

Assessing risk, safety monitoring and management

- We observed staff interactions and could see that staff were aware of the risks associated with people's needs and conditions however, some of the records were inconsistent in the guidance they provided to staff. For example, a person's risk assessment stated they needed 2 staff, however a care summary, a mobility care plan and a pressure care plan all stated different information regarding the person's level of needs. This was raised with the registered manager who told us they would address this.
- The provider had taken action to assess and reduce the risks associated with people's living environment. There had been a recent independent fire risk assessment. This stated fire safety arrangements were "generally excellent". Recommended actions arising from the risk assessment had been completed or were in progress. The provider carried out regular fire safety checks and evacuation tests.
- There were regular checks and an effective maintenance system to make sure the home remained a safe place to live. These included an independent legionella and water safety risk assessment. Checks on appliances and equipment, included regular checks on safety items such as bed rails, window restrictors and wheelchairs.

Staffing and recruitment

- Safe recruitment practices were followed. Checks had been made on applicants' employment history, satisfactory evidence of conduct in previous employment and with the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.
- Feedback from people and relatives regarding staffing levels were mixed and included, "[relative] has had to wait for care and there are occasions they've had to wait too long." and "Sometimes it's overrun with staff and other times not." and "I think yes, it seems as if there are but on occasions [relative] has said they are short staffed today, which can result in having to wait longer for assistance. It also means that staff do things very quickly and don't hang around."
- There were sufficient staff of the required level of skills and experience rostered to meet people's needs. However, there was a lack of staff presence on one of the dementia units during our inspection on day 2. This was raised with the registered manager who immediately responded to ascertain staff whereabouts. We discussed with management the need to review their deployment of staff for each unit especially within the dementia units.

Preventing and controlling infection

- At the time of the inspection 3 people had tested positive for COVID-19. They were isolating in their rooms. The provider had put appropriate arrangements in place to prevent the spread of COVID-19 in the home. These included individual personal protective equipment (PPE) stations outside each room where the person was isolating.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider understood and complied with government guidance around visits from friends, families, and other advocates.

Learning lessons when things go wrong

- Staff understood their responsibility to raise any issues and the process to do so. The provider's incident monitoring system was used to review, investigate and address any incidents. Data on incidents was used to identify any trends to improve safety.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider did not always ensure decision specific mental capacity assessments and best interest decisions were carried out in relation to people's medicines, the provider was not following the principles of the MCA.
- We found other examples where the provider was not following the principles of the MCA when supporting people to make specific decisions. For example, there were no mental capacity assessment or best interest decisions in relation to people who required hourly welfare checks.
- There were no mental capacity assessments and best interest decisions in relation to care planning and care and treatment. The registered manager stated families reviewed the care plans. However, there was no evidence of a best interest decision meeting involving them or evidence they had the legal authority to act on the persons behalf.
- The provider showed us mental capacity assessments and best interest decisions were in place for the use of sensor equipment used to reduce the risk around falls and accommodation. However, some were not as clear and consistent as others, and some had missing information.

The failure to obtain consent from the relevant person for care or treatment decisions was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider showed mental capacity assessments and best interest meetings with the appropriate

parties had been carried out for the application of a DoLS authorisation. These records outlined why a DoLS authorisation was being sought.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider completed assessments prior to people moving into the home. However, they were not always signed by the person themselves or by someone who had legal authority. When a specific condition had been identified during the pre-admission assessment, how the condition was managed or affected the person was not always documented in their care plan.
- Care plans did not always reflect national guidance for oral hygiene and gaps were found with daily oral care. Feedback from people and relatives in relation to oral hygiene was mixed. This included, "[Staff] brought me in a toothbrush this morning, that's the first toothbrush and toothpaste I've seen for the week. I haven't seen the dentist, I want to see him." and "Sometimes the shave is not done or the teeth. [Relative] only been here a few months, so no dentist." and "Funny enough, I've got a spate of check-ups. My family take me."
- The provider utilised a range of nationally recognised tools to ensure people's needs were assessed. For example, the use of the Malnutrition Universal Screening Tool (MUST) to monitor people's risk of malnutrition. There was evidence of the provider weighing people regularly.

Staff support: induction, training, skills and experience

- Staff completed training that was relevant in meeting people's needs. Training included safeguarding, medicines management, moving and handling, health and safety and pressure ulcer prevention amongst others. However, staff did not have training in specific conditions for people they supported, this included training in; catheter care, Parkinson's disease, positive behaviour support and non-restrictive practice including supporting people with agitation or anxiety before the use of medicines.
- Staff had all completed an induction and shadow shifts at the start of their employment. Staff were positive about the training and support at the home.
- Staff received regular supervision, both individually and as a group.

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

- People were supported to maintain a healthy and balanced diet.
- Processes were in place to ensure people at risk of malnutrition and dehydration received the support they needed. Their weight, food and fluid intake were monitored, and referrals were made to other health professionals where this was required.
- Staff including kitchen staff were aware of people's nutritional and special dietary requirements and they prepared meals and drinks in accordance with people's needs.
- We observed how people were supported at lunch time within communal dining areas. The atmosphere in dining areas was relaxed and staff were attentive to people's needs. Where people required support from staff to eat their meals safely, we observed support was provided appropriately and with dignity.
- Comments from people in relation to the food included, "Very good." and "It's not bad, some days better than others." and "Breakfasts are very good. Soups are good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to provide consistently good care. People were supported to access healthcare and other services if there was a change to their care needs and to enable them to live a healthier life.
- The activities coordinator worked with people to encourage them to remain active. People told us they enjoyed the different activities at the home.

- The registered manager confirmed the nurse practitioner visited the home every week to see people who had been identified as requiring a visit.

Adapting service, design, decoration to meet people's needs

- The design of the home environment met people's needs. Dementia friendly signage and signage for people who were sight impaired was located around the home to aid people living with dementia and or memory issues to orientate themselves.
- The home was pleasantly decorated and people were supported to personalise their rooms. People appeared comfortable and happy in their home environment.
- There were adapted communal bathrooms, dining rooms and several quiet spaces for people to sit and relax located throughout the home. There was easy to access outside spaces and a well-presented garden with suitable furniture for people to enjoy.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- All of the people and relatives we spoke with were positive in their feedback about the care and support provided at Dashwood Manor. Comments included, "I just find them lovely. They are affectionate and make a fuss of [relative] which they sometimes need." and, "Oh yes, they're very nice."
- People were well treated and supported. We observed positive interactions between staff and people, and saw staff spending time with people in a meaningful way. Staff responded promptly to people's requests for assistance and they regularly checked on people's wellbeing.
- Staff received training on equality and diversity which helped ensure they respected people's individual needs.
- Relatives told us they felt staff were caring. Comments included, "Professional, caring, a lot of emotional intelligence and empathy. From what I have witnessed, they understand the problems that residents have but treat them as individuals."

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

- People's views and choices were sought and documented within their plan of care. Care plans included people's preferences such as their favourite foods or activities. This ensured individual needs and choices were respected and appropriately met.
- People told us they were involved in making decisions about their care and support. One person told us, "Oh yes they do, it's complete freedom really," whilst 1 person said, "I suppose up to a point, they know best."
- Some relatives told us they were involved in their relatives' assessments and their care. Feedback from relatives was mixed and included, "No, I have not really. We are there 3 times a week so I can observe what is going on, if I have any queries I can ask." and "They only contact me if there is an issue with something or if they need my agreement for something like chiropody for [relative]." and "I think they constantly review their care in house. If I had any problems, I would bring them up. I have not so far had any formal review meeting."

Respecting and promoting people's privacy, dignity and independence

- People told us staff encouraged them to be as independent as they could be. One person said, "Oh yes, we do lots of things to encourage us and spark our brains."
- People and relatives told us staff were respectful and protected their dignity and privacy. Feedback included, "Oh definitely, yes." and "I was in the bedroom one day and heard [staff] talking to [relative] in the bathroom explaining to them what they were going to be doing."
- Staff ensured people's confidentiality was maintained. Personal information was securely stored and only accessed by authorised staff.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were personalised and contained information about people's like and dislikes, personal histories, and routines. Care plans were reviewed regularly.
- Staff clearly knew people well and supported them in line with their preferences.
- People's cultural, religious and social support needs were assessed and supported.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff assessed people's communication needs and provided them with information in the way they preferred and needed. Staff were aware of people's communication needs. They gave people the time and support they needed to understand information and to make choices about their lives and care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to take part in a range of activities and events that were held. People told us about the activities and facilities available to them. Comments included, "I went out once in the minibus, I went to Remembrance Sunday."
- A relative told us, "They do lots of activities, they take them outside into the garden and I have pictures of [relative] tending daffodils and helping with general gardening a bit. They take the residents out in a minibus."
- One person told us, "They have a thing in the café down there, it's a tree and you write on the hearts the things you want to do." The registered manager told us they arranged for a person at 89 years old to do a sky dive as this is something they wanted to do.
- The home environment offered a range of facilities including a lounge bar with built-in cinema, a coffee bar and a library. Activity coordinators arranged and conducted planned activities every day for people. One person told us, "I like to have the hand massage, its relaxing."
- External entertainers such as singers, musicians and canine therapy also visited Dashwood Manor. One person said, "Quite good really. We do have guests come in like a belly dancer, it was a lot of fun."
- People were supported to maintain relationships that were important to them. Relatives and friends were

encouraged and supported to visit when they wished.

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. People told us the registered manager was accessible and easy to talk to. They said, if they raised any concerns the registered manager acted promptly to resolve them.
- Feedback from relatives included, "I can honestly say that I am happy, there is nothing that I am unhappy about and if I was, I would raise it." and "I have been happy with everything so far. If I had any problem, I know that I could go in and get it sorted out."

End of life care and support

- There was evidence that staff had received end of life care training.
- End of life care plans we reviewed were detailed and documented people's choices and wishes on how they wanted to be cared for.
- People's friends and relatives had been consulted about the end of life needs of their loved ones.
- The provider worked with other relevant professionals to ensure that people were provided with the care they required.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

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

- At this inspection, we found breaches in 3 regulations. The provider had failed to ensure good governance, safe care and treatment and need for consent. The provider's systems and processes had not identified these issues.
- Systems were in place to ensure different aspects of the service were monitored and reviewed to identify areas for improvement, however these were not always effective. Audits did not identify the issues found on inspection in relation to the reporting of unwitnessed falls resulting in injuries. The providers systems did not identify the inconsistencies in risk assessments relating to people's care.
- Audit processes were not robust and did not provide an effective system to oversee the quality and safety of the service. For example, the provider had not identified gaps in assessing people's capacity and ensuring care was least restrictive of people's freedoms or the inconsistencies in care plans.
- There was not effective oversight and management of medicines. Medicines audits were completed regularly. Although due to issues found on the day of the inspection, we could not be sure these were being conducted in a way which was addressing issues in a timely manner to ensure safe administration of medicines.

There were failures to monitor and improve the quality and safety of the service, and a failure to maintain accurate records, which was a breach of Regulation 17(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was very engaging throughout the inspection process. They were open and transparent where issues were identified and proactive in taking steps to start addressing issues highlighted.
- The registered manager was not reporting all unwitnessed falls resulting in injuries and therefore statutory notifications had not always been submitted as required. This was raised with the registered manager who gave assurances this would be implemented immediately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture promoted within the home. People appeared happy and staff engaged well with them.
- People said they were well treated by staff. One person said, "They're very kind." and "We are very well treated."

- Feedback from relatives included, "I find [registered manager] really nice and easy to discuss things with." and "[Deputy manager] is also really nice and approachable, they are always available on the phone or in person and are both very competent."

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

- The registered manager understood the duty of candour and their responsibilities. They were open and honest when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from people and their relatives was encouraged. Surveys and meetings were part of the feedback processes in place. Feedback from relatives included, "I did two or three surveys and we had regular zoom or teams meetings with the management staff which was always very helpful." and "There have been a couple of questionnaires, I have always completed them."
- Relatives told us the home was well managed and they had opportunities to discuss the care being delivered to their loved one. One relative told us, "[Registered manager] keeps everybody updated, we get regular family reviews when we can go and discuss things that are going well and those that are not."
- Staff had opportunities to be involved in the home in a number of ways, including during daily meetings, staff meetings, handover sessions and regular supervisions.
- The staff team worked in partnership with stakeholders. Records confirmed a range of healthcare professionals, and advocates had been involved with people's care. One healthcare professional referred to the home as, "An atmosphere of caring."

Continuous learning and improving care

- Relatives stated communication throughout the home was good and commented on how staff kept them up to date with changes in people's health or other issues arising. Feedback included, "I have had phone calls and emails, so yes the communication has been very good." and "Yes, they always let me know if there was anything wrong."
- The management team had a programme of continuous learning and improving care. Business continuity plans were in place should an emergency arise.
- The service had action plans in place after identifying ways to improve care. These were closely monitored by the registered manager and senior management team.

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 11 HSCA RA Regulations 2014 Need for consent The failure to obtain consent from the relevant person for care or treatment decisions was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to ensure the proper and safe management of medicines was a breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were failures to monitor and improve the quality and safety of the service, and a failure to maintain accurate records, which was a breach of Regulation 17(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.