Care Quality Commission

Embrace (Derby) Limited

The Laurels

Inspection report

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Ratings

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

Overall summary

This inspection took place on 3 and 4 November 2014 and was unannounced.

The Laurels is registered to provide nursing and residential care for up to 45 older people, some of whom are living with dementia and physical disabilities. At the time of our inspection there were 30 people using the service. The home is purpose built with accommodation on two floors and a passenger lift for access.

At the last inspection of the 8 May 2014, we asked the provider to take action to make improvements. We asked them to review the number of staff on duty to ensure people's needs were being met. Improvements were needed in relation to the storage and administration of medication to people using the service and how the quality of the service provided was monitored.

A registered manager is a person who has registered with the Care Quality Commission(CQC) 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. At the time of the inspection we found that

Summary of findings

the registered manager had resigned their position in November 2013 but had not applied to have their registration cancelled with the CQC, we are liasing with the provider to resolve this. The service is currently being managed by the business support manager (acting manager).

We saw that staff did not always consider people's individual needs when supporting them. There was a lack of co-ordination between staff in the delivery of people's care. We saw that when people were supported from the dining room into a lounge they were lined up in their wheelchairs awaiting staff to assist them by the use of a hoist into a comfortable chair, which did not promote people's individuality or dignity.

We saw the quality of interactions between people using the service and staff were mixed. We saw the activity coordinator support a group of people to take part in group activities and we saw staff give clear advice and encouragement to people when delivering personal care. However we saw instances where staff spoke amongst themselves and did not provide clear information for people using the service or include them in conversation. This meant people were not always included in discussions or acknowledged by staff.

People we spoke with were satisfied with the care and support they received. Visitors of people using the service told us that improvements to their relatives' care had been made since the acting manager had taken over the day to day running of the service. However they said the level of care was not always consistent and sustained improvements were needed.

The provider was working with commissioners on the service's action plans. Commissioners fund the packages of care people received. These plans were in place in order that identified improvements were met and sustained.

We viewed three people's care records. We found assessments and care plans had been regularly reviewed and provided clear guidance for staff as to the needs of people and their role in delivering the appropriate care and support. Staff we spoke with had a good understanding as to the need of people and knew the support and care they required.

We looked at the recruitment records for four members of staff and the training matrix and found staff had undergone a robust recruitment process and upon their employment had undertaken training to promote the health, safety and welfare of people using the service.

People told us that they felt safe at the home and knew what to do if they had any concerns about their welfare. Records showed staff had considered about people's safety and how to reduce risk. They also knew how to protect people under the Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS). Staff had undertaken training with regards to people's rights, equality and diversity.

A system for gathering people's views was in place. This included meetings involving people who used the service, their relatives and staff. The provider undertook a range of audits, which were carried out for the purposes of monitoring the quality of service provided.

There were effective systems in place for the maintenance of the building and its equipment, which meant people were accommodated in a well maintained building with equipment that was checked for its safety. We found medicines were being managed well and that there were sufficient staff to meet the needs of people using the service. This meant people's needs were being met by staff

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to people's individual needs not being met and their privacy and dignity not being promoted. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People who used the service told us they felt safe with the support they received and with the staff who provided their support.

Staff demonstrated a clear understanding of what abuse was and were aware of their role and responsibilities. The provider had notified relevant agencies where incidents had occurred which meant people's safety and welfare was monitored by external agencies.

Risks to people's health and well being had been identified, assessed and managed in an appropriate way.

There were sufficient numbers of staff available to keep people safe and systems were in place to review staffing levels.

Staff had been appropriately recruited to ensure they were suitable to work with people who used the service.

People received their medication by staff in a timely manner who had had their competency assessed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people using the service and who were supported by the management team.

Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005, which had been put in practice to ensure people's humans rights and legal rights were respected.

People were referred to the relevant health care professionals in a timely manner in order to ensure their health care needs were met.

People at risk of poor nutrition and hydration had assessments and plans of care in place to promote their health and well-being.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People we spoke with were happy with the care and support they received, however visitors said there was inconsistency in the level of care provided to their relatives.

Summary of findings

We observed conflicting practices with regards to the promotion of people's privacy and dignity and the interactions between people using the service and staff. Some interactions were not positive as staff did not communicate effectively with people or include them in conversations.

People were involved in the development and reviewing of their plan of care and their views about their care had been recorded.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

We found people's needs were assessed prior to moving into the service and that the service reviewed people's needs and developed the appropriate plans of care.

We observed a lack of co-ordination of staff which affected the delivery of care and support people received. People did not always receive personalised care and support as staff focused on tasks to be completed rather than people's individual needs.

People were supported to pursue their hobbies and interests and to participate in planned activities.

Complaints were managed well with people having confidence that concerns and issues would be listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People we spoke with were satisfied with the current arrangements for the day to day management of the service. A registered manager was not in post however the provider was in the process of recruiting into this post.

Visitors to people using the service and staff acknowledged improvements had been made to the day to day running of the service but said further improvements needed to be made.

The provider was working with external commissioning agencies who fund care packages for people using the service, to bring about identified improvements.

Monitoring systems had been introduced to check the quality and safety of the service provided.

The Laurels

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 the 3 and 4 November 2014 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a provider information return. 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. We contacted the provider prior to our inspection who advised us that they had not received the provider information return.

We used 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 spoke with three groups of visitors who were visiting their relatives and seven people who used the service. Following our inspection we spoke with a Health and Safety Advisor for Derby City Council.

We spoke with the regional manager and the business support manager acting manager, who was managing the day to day running of The Laurels, the deputy manager, a registered nurse and four care staff.

We viewed three people's care records and staff recruitment and training records. We looked at records in relation to the maintenance of the environment and equipment along with quality monitoring audits.

We looked at information we held about the service which included notifications. These are notifications the provider must send to us which inform of deaths in the home, and any incidents that affect the health, safety and welfare of people who live at the home.

Is the service safe?

Our findings

At our inspection on 8 May 2014 we found that staff were not employed in sufficient numbers to ensure continuity of care for people using the service. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that improvements had been made. We spoke with staff who told us that in their view there were sufficient staff to meet the needs of people who used the service. The acting manager told us that staffing levels had been increased based on the needs of people who used the service. They told us that this included an increase in the number of nurses on duty in the morning and that they continued to make changes to staff shift patterns to ensure that there were enough staff available to support people at the times they needed them. During our inspection we saw that there were sufficient numbers of suitable staff on duty to keep people safe.

At our inspection on 8 May 2014 we found that appropriate arrangements were not in place in relation to the administration of medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection records showed that competency assessments had been completed for nursing staff responsible for the administration of medicines. This assessment process included a practical observation of the preparation and administration of medication along with a knowledge test with regards to the side effects of medication and actions to be taken should any untoward incident occur.

We looked at the medication records of three people who used the service and their medication had been stored and administered safely. We looked at the records and storage of two controlled drugs and found there to be an accurate record. (A controlled drug is one whose use and distribution is tightly controlled because of the potential for it to be abused.) People's care records included information about the medication they were prescribed, the purpose for taking the medication, the time of its administration and the potential side effects. Information was also provided about how the person preferred to take their medication. This demonstrated that people's individual preferences with regard to the taking of their medication had been taken into account.

We observed the lunchtime administration of medication for some people who used the service and found that the nurse followed the provider's policy and procedure for the safe administration of medication and consulted with people using the service as to whether they wished to take their medication.

In August and September 2014 medication audits had been completed by external agencies who funded the care of people using the service. These had resulted in an action plan detailing the improvements required. We spoke with the Health and Safety Adviser who had carried out the audits following our inspection. They confirmed that they had carried out two audits and that the second audit had identified improvements. We saw evidence of medication audits being undertaken by the manager and deputy manager to ensure medication administration was safe.

One person's records viewed included a mental capacity assessment that had been carried out as to whether they could self administer their medication. The assessment had determined that the person did not have capacity, due to their underlying health needs. A care plan was put into place for the administration of the person's medication by a nurse. A second person's records showed that the person had capacity to administer their medication however, they had decided they wished nursing staff to manage this on their behalf. The person had signed a letter to confirm their decision. This showed people were encouraged to be independent and had their rights and decisions supported, whilst considering their safety.

We spoke with three people and asked them if they felt safe living at the home. They told us "I am safe here, I trust most of the staff." "It's a lot better now that [the acting manager] is here, she makes sure that things we say get acted upon," and "I feel safe." We spoke with a visitor and asked if they felt their relative was safe. They told us "[My family member] feels safe, and is happy now."

We spoke with a member of staff and asked them how they would respond if they believed someone using the service was being abused or reported abuse. Staff were clear about

Is the service safe?

their role and responsibility in reporting their concerns. Records showed staff had received training in the safeguarding of adults. We had been notified by the provider of potential safeguarding concerns consistent with legislative requirements and the provider had referred incidents appropriately to the local authority.

We looked at peoples' care records and found appropriate individual risk assessments had been undertaken. These covered a range of topics which included, moving and handling, nutrition and pressure area care, mental health, communication, bed rails and choking. Where risks were identified, plans of care were put in place which provided information to staff on how to keep people safe. For example, people who had been risk assessed for the use of bed rails a plan of care had been developed as to how these were to be used, which included the use of 'padded bumpers' to protect people from harm. Where people had been assessed as being at risk of choking when eating and or drinking, then a referral had been made to a speech and language therapist, who had provided clear guidance for staff to reduce the risk.

People's safety was supported by the provider's recruitment practices. We looked at staff recruitment records for staff, which included nurses. We found that the relevant checks had been completed before staff worked unsupervised at the home, which included a check as to whether nurses were registered with the appropriate professional body.

Is the service effective?

Our findings

Staff we spoke with were able to provide a good insight into the needs of people using the service and told us training had helped them in being able to provide the appropriate care. Staff had received relevant training to meet the care and support needs of people who used the service, including people with dementia care needs Staff were in the process of undertaking practical training, whereby they experienced first hand some of the experiences people using the service had. Staff had been asked to consider the impact of the experience on them and how they would use the experience to improve the way they communicated and supported people in their care.

The Mental Capacity Act 2005 (MCA) creates a framework to provide protection for people who cannot make decisions for themselves. It contains provision for assessing whether people have the mental capacity to make decisions, procedures for making decisions on behalf of people who lack mental capacity. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We talked with the acting manager and staff about the (MCA) 2005 and (DoLS) and what they meant in practice for the people who used the service. They were knowledgeable about how to protect the rights of people who were not always able to make or communicate their own decisions. People's plans of care showed that the principles of the MCA had been used when assessing people's ability to make decisions.

The acting manager told us that there was an urgent Deprivation of Liberty Safeguards (DoLS) order in place for one person and that an application had been made to the supervisory body for their consideration. This person's records included a mental capacity assessment and recorded the involvement of an Independent Mental Capacity Advocate (IMCA) to represent the person. Staff had received training in the DoLS and equality and diversity. IMCAs are people who are approved by the local authority to act on behalf of people who lack capacity.

People when asked for their views about the food provided at the home told us. "I like some of the food," "It's usually alright," and "I'd like more variety, more flavoured puddings, such as cakes or gateaux, we get a lot of jelly and blancmange." A relative told us. "I think there's a need for a greater variety of food." We spoke with the acting manager and the cook who told us that the menus were being reviewed with the involvement of people who used the service.

The dining experience for people was noisy and did not provide a positive experience for all. This was because there was music playing in the dining room which meant some people including staff had to speak louder in order that they could be heard. Some people who used the service enjoyed listening to the music. We advised the manager of our findings of the dining experience, they told us that improvements to people's dining experiences had been identified, following suggestions put forward by people who used the service and staff and that plans were in place to make changes.

The cook showed us information they had about people who required specialist diets. This included people who required a 'soft' diet due to their risk of choking or difficulty in swallowing and people with diets tailored to meet their health care needs such as diabetes.

The records of two people showed they had been assessed as requiring a 'soft' diet due to the risk

of choking and that a referral had been made for them to be further assessed by a Speech and Language Therapist (SALT). The recommendations from the SALT team had been developed into a care plan for the people, which included the use of 'thickeners' in drinks to reduce the risk of choking. We observed staff following the guidance and the care plans of people when serving food and drink.

People who were at risk of poor nutrition had their needs assessed and a plans of care were put into place. These required staff to record peoples' food and fluid intake and required the regular monitoring of their weight. Where people's weight had fluctuated we saw that they were referred to relevant health care professionals which included doctors and dieticians.

Record showed people had timely access to a range of health care professionals. One person told us, "I haven't seen the dentist for a long time, I have seen the nurse and doctor though." We spoke with the acting manager about this person's feedback and since our inspection we have been advised that action has been taken. People's records we viewed recorded a range of health care professionals

Is the service effective?

involved in people's care, which included doctors, dieticians, occupational therapy, physiotherapy and chiropody. A group of visitors who were visiting a relative told us, "We're kept up to date about health issues." A second visitor told us. "Good access to health care, they get the doctor."

Is the service caring?

Our findings

We observed people being assisted to move with the use of a hoist, we found in some instances people's dignity was not promoted and the transfer did not protect their modesty. This was because people's undergarments and incontinence wear could be seen by other people in the communal room during the transfers.

We observed staff in some instances speaking with each other whilst supporting people to the dining room in a wheelchair, staff would stop and talk with each but not always include the person using the service in their conversation, this meant people were excluded from conversations. We saw an example of a member of staff approach someone who had their eyes closed whilst sitting in their wheelchair. The staff member approached the person and began to push the person in their wheelchair without making themselves known to the person, the unexpected movement caused the person to be startled.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with shared with us their views about the care and support they received. One person said "I'm sometimes happy here, not always as I feel sad because of my health." Another person told us "It's more homely now, it used to feel like we were in jail."

A relative of a person who was visiting the home told us "The quality of care varies daily, as to whether they have a shave or their nails cleaned. The staff interact well with our relative. We're happy with the way things are improving." A second relative told us "Since the [acting manager] started she's made such an improvement in this place."

We spoke with members of staff who told us about the care and support people required. Staff were aware of people's life histories, including their hobbies and interests and work life, this meant staff were able to engage people in conversation and have an understanding as to their life prior to moving into The Laurels. A staff member told us "In the main staff are providing good personal care, communication and care has improved since the [acting manager] arrived. Other staff members told us, "We try to get to know the residents, and have a laugh and joke with them," and "Team work still needs to improve, but issues are being addressed, it could still be a better home, however the atmosphere has changed now and all are a lot happier."

On the second day of our inspection we spent time observing people in one of the lounges and dining area. We saw that people were treated with kindness. We observed one member of staff being attentive to someone who was unwell by trying to make them comfortable and by seeking support from the nurse on duty. We saw people being assisted to eat their lunchtime meal in the dining room and staff encouraged people to be involved in decisions about their meal. For example, we saw one member of staffing asking someone if there were sufficient salt and pepper on their meal, and adding extra at the request of the person. The person was supported to eat their meal at a pace which suited them, and was asked throughout the meal if they had had enough or wanted to continue eating before moving onto their dessert, which promoted the person's dignity.

People told us that staff did involve them in decisions about their care and we observed when people became unwell that the nurse on duty was consulted. People's care plans included their views about their care and support and in some instances this involved their relatives. One person told us, "They talk to me about my care and I feel they listen to what I have to say."

Is the service responsive?

Our findings

Our observations showed a lack of co-ordination amongst the staff team and on some occasions did not consider people individually. At lunchtime we observed people being assisted by staff in to the dining room from 11.45, however the lunchtime meal was not served until 12.30. After the lunchtime meal some people remained in the dining room awaiting staff assistance to return to a lounge or bedroom, with some people still waiting at 1.30pm. We saw two people waiting in their wheelchairs had closed their eyes, whilst others sat quietly, not conversing with each other and looked disinterested in their surroundings.

In the afternoon we observed three people who had been supported by staff in moving from the dining room into a lounge after lunch by the use of a wheelchair. They sat lined up in their wheelchairs next to each other waiting for staff to assist them from the wheelchair into a comfortable armchair. Staff had not considered each person individually in that they had not supported people from the dining room into a comfortable chair on an individual basis, but as a group. This showed that staff had not considered each person as an individual.

Some staff told us that they felt that there was a lack of co-ordination and leadership of care staff, which impacted on their ability to respond to people's needs. Staff in some instances said that not everybody worked as a team and that they would benefit from a shift co-ordinator or senior staff member each shift to ensure the team worked effectively. We raised this with the acting manager who said they were trialling the use of senior care staff and were working with staff about the need to work as a team through staff supervision and meetings.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People's care records showed that their needs were assessed prior to admission to the service. The initial assessment had been used to complete more detailed assessments, which provided staff with the information required to deliver appropriate and responsive care. These assessments covered areas of care, which included, personal care, mental health, pressure area care, diet and nutritional information and the assistance required with regards to mobility and specific nursing needs. Care plans had been reviewed and amended to reflect people's changing care and support needs.

People's records also included risk enablement assessments on aspects of their care, which included information as to how the persons independence could be maintained, whilst maintaining their safety. For example by the use of thickeners in drinks to enable people to drink without staff support. For another person the enablement assessment focused on the need to ensure that the controls for the manoeuvring of their bed were accessible to them in order that they could alter their position by moving the bed without the need for staff assistance.

We asked people about how they spent their time and their participation in activities. One person said "I like playing skittles." A second person told us "I enjoy listening to the entertainers that come in and play instruments and sing, it's good to have a good sing song." A third person told us, "I like going out to the shops." In the morning we observed the activity organiser supporting four people to take part in a game of snakes and ladders and in the afternoon external entertainers playing instrument and singing entertained a group of people in one of the lounges. People we spoke with told us they enjoyed taking part in the activities, and people were asked whether they wished to participate in the entertainment provided.

Visitors told us that the acting manager had organised a relatives meeting to discuss the issues affecting the service and talk about planned improvements. The relative told us this had been positive as they were reassured that issues were being addressed.

Two people we spoke with told us they'd be happy to raise concerns with the manager and a visitor us, "I have raised concerns and the new manager has responded to them."

We saw that complaints made to the home were recorded. Details such as the date of the complaint, its nature and action which had been taken to resolve it were all recorded too. Records showed complaints were recorded, investigated and resolved appropriately.

People were involved in decisions about their care and support. We looked at people's plans of care and saw they reflected people's assessed needs. The plans of care described people's routines and how to provide both support and personal care. Staff we spoke with were

Is the service responsive?

knowledgeable about the people they supported and were able to tell us in detail about their preferences, backgrounds, medical conditions and behaviours. One member of staff when asked about their role and responsibilities in providing care to a person with a specific medical condition told us “They get frustrated because they can no longer do things they used to do, which means they become agitated and they need to be occupied to help them, we need to acknowledge their frustration.”

We observed staff offering people choices throughout the day, which included what they wished to eat and drink, whether they wanted to sit in their bedroom or lounge area. We saw the activity organiser asking people whether they wanted to participate in the entertainment organised for the afternoon.

Is the service well-led?

Our findings

At our inspection on 8 May 2014 we found that the provider had failed to regularly monitor the improvements required from the previous inspection visit or ensure quality monitoring covered all areas of the home and staffing. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that monthly quality monitoring visits were being carried out by the regional manager and action plans produced, which were reviewed and actioned by the acting manager. A record was completed of the outcome of their visit, which included comments and discussions with people using the service and visiting relatives. The record of the quality monitoring visit included information about the maintenance of the environment, records of incidents and events, complaints and the day to day running of the service. Any issues of concern were noted for the attention of the acting manager to address. For example meetings with individual relatives had been organised for issues to be addressed.

Before the inspection, we asked the provider to complete a provider information return. 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. We contacted the provider prior to our inspection who advised us that they had not received the provider information return.

Managers and staff were consistent in what they thought were the key challenges faced by the organisation. For example on-going staff recruitment, the need to increase the involvement of people using the service and their relatives in the development of plans of care. In addition improvements were required with regards to the inclusion of people's experiences of using the service, as well as improvements to the environment through the provision of decoration and new furnishings.

We spoke with staff and asked them about their understanding of the vision and values of the service. Staff told us, "It's about choice and taking responsibility to ensure we provide good care and support and to support people's family." Another member of staff said, "The rights and beliefs of people are important." A third member of staff said, "To care for residents wellbeing, in a safe and friendly environment and to be helpful." This showed that staff understood the service's visions and values and its significance to the experiences of people using the service.

The acting manager had organised and facilitated meetings with relatives, people using the service and staff to discuss the improvements which needed to be made to ensure that people received appropriate care that was safe and met their needs. The regional manager visited the service regularly providing an opportunity for people to raise concerns.

CQC records showed that a registered manager was in post, however we received confirmation from the provider that the person had resigned their position as manager of The Laurels in November 2013 and that the person had not applied to cancel their registration with us. The business support manager had been the acting manager of the service since August 2014 and had been brought in to oversee improvements that had been identified by the provider and external commissioning bodies. A service improvement plan was in place, we saw this provided structured timescales to address the shortfalls identified. The regional manager and acting manager advised us that they were actively recruiting for a manager and that interviews were in progress.

Staff, people using the service and their relatives were all positive about the service and told us recent improvements had been made. This included the appointment of additional nursing and care staff, improvements to people's care and communication within the service and with relatives.

We saw there were systems in place for the maintenance of the building and equipment and to monitor the safety of the service. This included regular audits of medicines management, staff records, environmental health, laundry and safety and infection control. There was also a system to ensure people's daily notes and records were being completed accurately and in a timely manner. We saw records to show that there were regular checks of the hot water temperatures and checks of fire safety equipment. We saw action plans resulted from each audit and that action had been taken against issues identified, which included improvements to medicine management. Safety

Is the service well-led?

checks on equipment, which included moving and handling hoists and aids and the passenger safety lift, gas and electrical systems had been carried out by external contractors.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **People who use services were not in receipt of care that met their individual needs.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services **People who use services were not in all instances afforded dignity, privacy and independence.**