Care Quality Commission

Mr and Mrs C A Farrer

St Mary's House

Inspection report

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Ratings

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The service was last inspected on 09 October 2013 and at the time no breaches in regulations were identified. This was an unannounced inspection. St Mary's House is a residential care home providing personal care for up to 28 older people, some of whom may have dementia. There were 27 people living at the service when we visited.

A registered manager was in post. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider. The registered manager was also the registered provider.

The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) were not fully understood by staff and when these should be applied. These

Summary of findings

safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. These safeguards were not being consistently applied, and therefore it was not clear if people were being assessed to see if they had capacity to consent to their care and where required treatment. Neither was there any reference to DoLS and whether these should be applied so that people were protected from having their rights restricted inappropriately. The shortfalls we found breached regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and you can see what action we told the provider to take at the back of the full version of the report.

The provider had systems in place to protect people from abuse. People's care plans contained individual assessments in which risks to their health, such as developing pressure ulcers and malnutrition, were being assessed and managed appropriately. Specific care plans had been developed where people displayed behaviour that was challenging to others. These provided guidance to staff so that they managed behaviour that was challenging in a consistent and positive way, which protected people's dignity and rights.

Thorough recruitment process were in place that ensured staff had the right skills and experience and were safe to work with people who used the service. Staffing levels were based on the assessed needs of the people who used the service and this was kept under review. People who used the service, relatives and staff told us that there was enough staff available to meet people's needs. Staff confirmed they received training and support which kept their knowledge up to date and gave them the skills, knowledge and confidence to carry out their duties and responsibilities effectively.

People and their relatives were complimentary about the staff and told us that they were caring at all times and respected their privacy and dignity. Staff were motivated and demonstrated that they knew people's needs well. The interaction between staff and people was warm, caring and friendly.

People told us they were able to discuss their health needs with staff and had contact with the GP and other health professionals, as needed. Relatives told us staff were good at keeping them informed about their relative's health and welfare. People were protected from the risks associated with eating and drinking. People spoke positively about the choice and quality of food available. Where people were at risk of malnutrition, referrals had been made to the dietician and speech and language team for specialist advice.

People, and those that mattered to them, were able to have a say on how they wanted their care and support provided. Information in three people's care plans confirmed that their personal preference on how they wanted their care and support provided had been sought, and acted on. A customer satisfaction survey had been completed in October 2013 providing positive feedback about the service.

People we spoke with, including relatives, visiting professionals and staff praised the registered manager for their values, such as kindness, compassion and respect for people who used the service. Staff told us that the manager was very knowledgeable and inspired confidence in the staff team and led by example.

Systems were in place which continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and their relatives. Systems for recording and managing complaints, safeguarding concerns and incidents and accidents were monitored and management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

The registered manager and senior staff accessed local training initiatives and meetings to keep themselves up to date with new ways of working and changes in legislation. The provider was also a member of several good practice initiatives, such as Dignity in Care and the Dementia Pledge, working towards developing good quality care for people living with dementia.

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?

Requires Improvement

The service was not consistently safe. People's rights were not always protected because the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) were not fully understood and when these should be applied.

Systems were in place to manage risks to people's health and safeguarding concerns.

A thorough recruitment and selection process was in place that ensured staff had the right skills and experience to support the people who used the service. Staffing levels were sufficient to ensure people were safe and to be able to respond to unforeseen events.

Is the service effective?

Good

The service was effective. Staff were provided with training, supervision and support which ensured they had the skills, knowledge and confidence to provide effective care and support.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Suitable arrangements were in place that ensured people received enough food and fluids to keep them healthy. People spoke highly about the quality of the food and the choices available.

Is the service caring?

Good

The service was caring. People [and their relatives] told us that staff were very caring and were respectful of their privacy and dignity.

Staff had good relationships with people who used the service and they knew their needs well. Staff treated people kindly and with compassion.

People were supported to maintain important relationships. Relatives told us they were always made to feel welcome.

Is the service responsive?

Good

The service was responsive. People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which ensured their individual needs were met.

People had access to activities that were important to them. These were designed to meet people's individual needs, hobbies and interests, which promoted their wellbeing.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Summary of findings

Is the service well-led?
The service was well led. Staff informed us that the registered manager was knowledgeable and inspired confidence in the staff team, and led by example.

The provider had systems in place to continuously monitor the quality of the service. They regularly sought feedback from people, relatives and health professionals to ensure they were providing a good service.

The provider was a member of several good practice initiatives, such as Dignity in Care, and the Dementia Pledge, which worked to develop good quality care for people living with dementia.

Good

Care Quality Commission

St Mary's House

Detailed findings

Background to this inspection

We visited St Mary's House on 31 July 2014. The inspection team consisted of one inspector, and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service.

We reviewed previous inspection reports and the 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. We also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect. This enabled us to ensure we were addressing potential areas of concern.

We spoke with three people who were able to express their views and five relatives. We spent time observing care in both dining rooms and used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk with us, due to their complex health needs.

We looked at records in relation to three people's care. We spoke with three staff, the registered manager and provider. We also spoke with a GP and personal fitness trainer visiting the service. We looked at records relating to the management of the service, staff recruitment and training records, and a selection of the service's policies and procedures.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

Staff told us they had not had training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had limited understanding of when these should be applied. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. Do Not Attempt Resuscitation (DNAR) plans showed that people's capacity to consent to their end of life arrangements had been assessed. However, the three care plans examined showed that these same people's capacity to make decisions about their care and where required treatment had not been assessed.

The shortfall we found breached regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We asked people if they felt safe living in the service and what safe meant to them. Each of the three people spoken with confirmed that they felt safe. One person told us, "At home I had many falls, since I have been here I have fallen once. Now I just make sure they're (staff) with me all the time." Another person told us, that they had had a very bad night, and got out of bed and their weight on the pressure mat summoned staff who, "Came pretty quick and helped me."

We spoke with two members of care staff and the cook who confirmed that they had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistle blowing procedures, and their responsibilities to ensure that people were protected from abuse. These staff understood the various types of abuse to look out for to make sure people were protected and knew who to report any concerns to. One safeguarding concern had been raised about this service in the last 12 months. We saw that the registered manager had worked with the local authority and the falls team to ensure the safety and welfare of the person involved.

Care plans had been developed where people displayed behaviour that was challenging to others. These provided guidance to staff so that they managed the situation in a consistent and positive way, which protected people's dignity and rights. Staff had a good knowledge of people's needs and had received training so that they knew what could cause people's behaviour to change and techniques to manage these behaviours. Where required, referrals had been made to the mental health team for additional support and advice to manage behaviour that was challenging.

We looked at three people's care plans and found that risks to their health were being assessed and managed appropriately. Care plans contained individual risk assessments such as developing pressure ulcers and malnutrition. Pressure ulcers are a type of injury that breaks down the skin resulting in an open wound. They are caused when an area of skin is placed under pressure. We saw evidence in daily records and evaluation of people's care plans that showed staff were following the guidance recorded within the risk management plans. For example, where one person had been identified as losing weight staff had made a referral to the dietetic service to assess their needs.

A thorough recruitment and selection process was in place that ensured staff recruited had the right skills and experience to support the people who used the service. Three staff files we looked at contained relevant information, including a criminal records check and appropriate references, to ensure that these staff were safe to work with people who used the service.

The registered manager informed us that staffing levels were based on the assessed needs of the people who used the service and that this was kept under review. People told us that there was enough staff available to meet their needs. One person told us, "There is always two or three staff on at night and they look after you well, we're never left alone." A relative told us, "I feel my [relative] is safe and stimulated by staff. I feel happier knowing that a member of staff is with my relative all of the time." This relative also told us, "The staff that work here have been here for a lot of years and know the needs of the people well and there is always enough staff on duty." The personal trainer commented, "There always seems to be plenty of staff, and people are provided with the support they need and look well cared for."

Staff confirmed that staffing levels were sufficient to ensure people were safe and to be able to respond to unforeseen events. One member of staff commented, "Yes, there is enough staff to meet people's needs, including managing

Is the service safe?

the cleaning of the service and provision of activities." Another told us, "Staff are prepared to work flexibly to meet people's needs, including activities and appointments, and to cover sickness. We do not need to use agency staff."

Good

Is the service effective?

Our findings

People told us that they were happy with the support they received from staff. One relative commented, “My [relative] has been resident at St Mary's for about seven months and I can find, no faults at all with this place, and I'd never mind coming here myself, I've told the children this is where I want to come.” Another commented, “My [relative] is well looked after here”. A third told us, “My [Relative] is 106 years of age, and they [staff] keep them as independent as possible.”

The registered manager informed us that they had a high retention rate of staff and saw development of staff as key to providing a good service. They told us they used a number of different ways to achieve this, including delivering training themselves to staff, pitched at meeting the needs of the people who used the service. They also told us that they regularly tested staff competency to check they were delivering high quality care.

Three staff we spoke with told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities effectively. Records showed that training and refresher courses were delivered via a range of methods, providing different ways for staff to learn. Staff confirmed that they had completed a lot of different training, which ensured they kept their knowledge up to date. This training included, but was not limited to, manual handling, food hygiene and safeguarding. More specific training to meet people’s individual needs, included bipolar disorder (a condition that affects a person’s mood), dementia and diabetes. Discussions we had with the cook confirmed they had completed the training they needed to meet people’s dietary needs, including swallowing difficulties and diabetes, as well as a vocational qualification in hospitality and catering.

Staff confirmed that they had completed an induction period when they had first started working at the service. This included a full training programme and shadowing an experienced member of staff, before being offered a permanent position. Staff files looked at confirmed that the induction process had been implemented and that staff had gone on to complete national vocational qualifications in health and social care. This showed that staff were supported to develop their skills and knowledge so that they were able to meet people’s needs effectively.

We observed people being served their lunch in both dining rooms. Staff took time to explain the main meal of the day, and where this was refused alternative meal choices were offered. People spoke highly about the quality of the food and the choices available. One relative commented, “I can’t fault the food, my [relative] is asked every day what they want from the menu, if they do not want what is on the menu, alternatives are provided.” The cook informed us that the majority of meals were home cooked and prepared from fresh ingredients. Additionally, snacks and fruit were available, if requested. The registered manager agreed to make these readily available in communal areas of the service so that people could help themselves to snacks when they wanted them.

All staff showed kindness and patience whilst supporting people to eat their meals. Where people required assistance to eat staff provided support in a relaxed manner and pace that allowed the individual to eat and enjoy their meal. People were observed using equipment, such as plate guards, to maintain their independence. Where people were reluctant to eat staff provided encouragement and support in a friendly manner, but respected their decision if they persisted. We observed that staff shared this information with staff on the oncoming shift to ensure people were offered food and drink regularly throughout the afternoon and evening.

We looked at three people’s care plans and found that they contained information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Risk assessments such as the Malnutrition Universal Screening Tool (MUST) had been used to identify specific risks associated with people’s nutrition. These assessments, including people’s weight, were reviewed on a regular basis. Where people had been identified as losing weight, referrals had been made to the dietician for specialist advice.

Discussions with the cook identified that nine people were receiving a soft or pureed diet, due to swallowing difficulties. No formal assessment had been made by the Speech and Language Team (SALT) as to the appropriateness of a soft diet for these individuals. The registered manager informed us soft diets had been agreed by the GP, but agreed to make referrals to the SALT team to ensure people’s swallowing difficulties were properly

Good

Is the service effective?

assessed. We contacted the dietetic service following the inspection who confirmed the appropriate referrals had been made and that these people were in the process of having their needs assessed.

People's care records showed that their day to day health needs were being met. Relatives told us that staff were good at keeping them informed about their relatives health and welfare. One relative told us, "When my [relative] had suffered a chest infection they [staff] were on the ball at contacting the GP". Staff said that communication with the GP surgery was good. Additionally, the district nurses visited the service on a regular basis for routine treatments, such as changing wound dressings. Records showed that people were supported to access other specialist services such as the mental health services, physiotherapist and chiropody services.

We spoke with one of the GP's visiting the service on the day of the inspection. They confirmed that they visited the service weekly, and were available at other times to respond to any health issues. They told us that "Everyone [staff] at the service know the people well, there is always staff available who know people's needs. I feel the staff do a good job. Staff have a good level of understanding of people's needs and from what I have seen provide good quality care. People appear settled and well cared for."

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the staff and told us that they were very caring. One person commented, “Nothing is too much trouble for them [staff].” Another commented, “I am very satisfied with the care of my [relative] and the staff are marvellous.”

We spoke with a personal trainer who visited the service twice weekly providing group and individual exercise sessions to improve people’s co-ordination and balance. They told us, staff were very caring, and the owners could not do enough for the people who used the service. They told us staff were good at encouraging people to take part in the exercise group and cared enough to know the importance of exercising. They confirmed there always seemed to be plenty of staff, and that people were provided with the support they needed and looked well cared for.

We observed that staff had good relationships with people who used the service and knew their needs well. One relative commented, “Very happy with the service, lovely caring staff. My [relative] always looks lovely, they came for respite and wanted to stay.” The interaction between staff and people was warm, caring and friendly. People were relaxed with staff and confident to approach them throughout the day. Staff treated people kindly and with compassion. For example, at lunchtime one person was distressed about pain in their hand and was reluctant to eat their meal. A senior member of staff sat with them, acknowledged their pain, and applied some cream to help reduce the pain. This was done with patience and kindness and enabled the person to eat their meal in comfort.

The registered manager informed us that they and senior staff constantly sought people’s and their relatives views about their care, treatment and support. This enabled people, and those that mattered to them, to have a say on how they wanted their care and support provided. We looked at three people’s care plans and saw from the information in these that their personal preference on how they wanted their care and support provided had been sought, and acted on. These care plans contained life histories, which gave details about the person’s background and people important to them, which supported staff’s understanding of people’s likes, dislikes, hobbies and interests, which enabled them to better respond to people’s needs.

Staff knew people’s needs well, what they needed help with and what they were able to do for themselves. They confirmed that people were supported and encouraged to do things for themselves. For example, we observed staff encouraging people to undertake tasks such as laying tables and collecting cups which provided them with an opportunity to feel of value. People had been provided with suitable equipment in order to maintain their independence, including mobility aids, crockery and cutlery. Where people needed support to move this was provided in a dignified way. For example we observed two staff supporting a person to transfer using a hoist. The staff spoke with the individual throughout explaining what was happening with kind words and encouragement.

There was a calm and pleasant atmosphere in the service. Staff were observed supporting people to have refreshments in the lounge, to read the newspaper, and were engaged in general conversations, relevant to the person. When people spoke with staff as they entered the room or passed by, we saw that staff stopped and engaged in conversation. One relative told us, “It is so nice how they [staff] speak to the people.”

People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection confirmed this. People who liked their privacy and wished to spend time in their rooms were supported to do so. Staff were clear about the actions they needed to take to ensure people’s privacy when delivering personal care. We observed staff knocking on people’s doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs. We observed that staff were respectful when talking with people, calling them by their preferred names.

People who used the service and their relatives told us they were able to visit when they wanted. This was observed during the inspection. One relative commented, “I am pleased that I can come at any time. The staff are always welcoming and pleasant.” Another commented, “I always feel welcome as a visitor.”

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person told us, “The staff are always welcoming and pleasant. One relative commented, “I feel that I am kept informed about my [relative’s] care. They have a choice about how and where they wish to spend their day. They have made friends with another resident since moving here, it is a nice family environment, and like one big extended family.”

Other relative’s commented, “My [relative] is very happy here, since being here, their mental well-being has improved” and “I have no concerns; staff manage my relative’s dementia well.”

We observed that staff worked well together as a team completing tasks without being prompted or needing for these to be delegated. This demonstrated that they knew their roles and responsibilities well. The staff were motivated and caring and demonstrated that they knew people’s needs well and were able to recognise and respond to changes in their mood. For example, we saw where one person previously happy and chatting with others became anxious. Staff took time to sit with them, listen to what they had to say, and acted on their request supporting them to leave the lounge and go to their room.

Three care plans looked at were reflective of people’s needs. These supported staff to manage specific health conditions, for example diabetes. Where people were at risk of deteriorating health such as developing pressure ulcers, risk assessments had led to individualised care plans. Where changes were identified, care plans had been updated and the information disseminated to staff. We asked staff how they were made aware of changes in people’s needs. They told us they felt well informed about people’s needs and that there were a number of ways in which information was shared, including a verbal handover session at the beginning of each shift. Daily records also provided a good description of how each person had spent their day and identified any relevant health issues.

A member of staff told us that a keyworker system had been introduced. A keyworker is a named member of staff who works with the person and acts as a link with their family, where appropriate, to ascertain information which helps to provide the person with appropriate care. They told us that this system provided people with an opportunity to have a say about their care and what was important to them. Care plans confirmed that people’s care and support was being reviewed on a regular basis, with the person and or their relatives.

People were supported to access activities of choice and which enabled them to maintain their hobbies and interests. A weekly schedule showed a range of activities and entertainers that visited the service on a regular basis. When asked about how they spent their day one person said, “There's always something going on.” Another person told us, “Two care staff took me to watch Morris dancers a few weeks ago.” Another told us, “Staff help me challenge my memory by removing items one by one from a tray, so that I have to identify what is no longer there.”

During our visit a musician arrived. People were offered the choice to join in, and their decision was respected if they declined. Those that stayed in the lounge to listen to the music were observed joining in the singing, clearly enjoying the event. The musician visited people who had chosen to stay in their rooms, and where they agreed, played and sang for them on an individual basis, including songs of their choice. People were observed making the most of the early afternoon sunshine in the garden watching the preparations underway for a strawberry tea and jazz party. Several people told us they were looking forward to this and one of the visitors commented, “This was a really enjoyable event last year.” They also praised events that took place at Christmas time.

The provider’s complaints policy and procedure was available in the main entrance informing people how to make a complaint. This contained the contact details of relevant outside agencies for people to contact if they were not happy with the way a complaint had been handled by the provider. Staff told us they were aware of the complaints procedure and knew how to respond to people’s complaints. People and their relatives told us that they were comfortable discussing any concerns they may have with either the management or staff and that they were encouraged to do this. They confirmed that where they had made comments they were kept informed of what changes had been made.

Good

Is the service well-led?

Our findings

People spoken with during this inspection, including staff, praised the registered manager for their values, such as kindness, compassion and respect for the people who used the service. One person told us, “I can talk with the owners whenever I want.” One relative commented, “There is a stable staff team at the home and I found the owners, very approachable.” Another told us, “The manager is very supportive and caring, and they have excellent caring skills.”

One relative told us, “The service is always clean and tidy, and hygienic; I am more than happy with my relative being here, if I had to score the service, I would give it 10 out of 10.”

The registered manager was also the registered provider. They had been managing the service for 42 years and demonstrated clear management and leadership of the service. They informed us that they were present at the service every day, observing what was going on and was constantly in touch with people and their relatives, to ensure they were providing a good service.

Staff told us that the registered manager was very knowledgeable and inspired confidence in the staff team and led by example. One member of staff told us, “The owners are good people to work for, very caring, they will help and provide advice both on a professional and personal level.” Another said the registered manager was approachable and they felt they could raise concerns about anything with them, and commented, “The manager’s door is always open.”

A member of staff commented, “I would feel happy to have a relative of mine live here, I feel the staff are trained and have the skills to care for people. People are offered choice and the freedom to be who they want to be.” The GP and the personal trainer both told us that the service was well managed.

We saw that the provider sought feedback about the service. A quality assurance, ‘Customer satisfaction’ survey had been completed in October 2013. Thirteen people [and their relatives] responded positively to questions about the service. Comments included, “I am more than happy with St Mary’s and everything that you do for my relative,” and “We are happy with the care and attention our (relative) receives.” Further comments included, “I can find no fault at all with my relatives care, they are in very good hands at all times” and “Staff are very caring and talk to residents nicely.” Another relative had commented, “On behalf of our family I would just like to say the care our (our relative) gets is absolutely outstanding at all times.”

A seperate file contained a selection of cards complimenting staff for their care and kindness of the people who used the service. Examples included, “Wonderful care given to my [relative] when they were with you. Thank you for the kindness to us and we will always be grateful,” and “Thank you for the excellent care and kindness and love you gave to our [relative]. They could not have been looked after better than at St Mary’s.”

We saw that systems were in place for recording and managing complaints and safeguarding concerns. Concerns and complaints were responded to promptly and were used to improve the service. The complaints folder showed that one written complaint had been made about the service in the last 12 months. We looked at how this complaint had been managed and found that this had been fully investigated by the registered manager and a full response provided to the complainant. As a result of their investigations into the complaint, the registered manager had made changes to improve the quality of the service provided.

Records showed that the service worked well with the local authority to ensure safeguarding concerns were effectively managed. The documentation showed that the registered manager took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Systems were in place for reporting incidents and accidents. Records showed that each incident, including a high number of falls, had been recorded. However, these did not describe the event in detail, what action had been taken, or actions required to minimise the risk of further falls. Neither was there any analysis of trends to identify why repeated falls were occurring. This was discussed with the registered manager who agreed that the records did not accurately reflect the action that had been taken. They provided additional information to show that people experiencing repeated falls had been referred to the falls team, and measures had been put in place to reduce the risk of further falls.

Good

Is the service well-led?

The registered manager informed us that they and senior staff accessed local training initiatives and meetings to keep themselves up to date with new ways of working and changes in legislation. Additionally, they informed us that they were a member of several good practice initiatives, such as Dignity in Care, and the Dementia Pledge, which worked to develop good quality care for people living with dementia.

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 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment People's capacity to make decisions about their care and treatment was not being assessed under the requirements of the Mental Capacity Act 2005 (MCA). The provider must have suitable arrangements in place for obtaining, and acting in accordance with, the consent of people who use the service, or the consent of another person who is able lawfully to consent to care and treatment on that persons behalf. Where this does not apply, the provider must establish, and act in accordance with, the best interests of the person. Regulation 18 (1) (a). Regulation 18 (1) (b).