

Care South

Elizabeth House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Elizabeth House is a purpose-built residential care home providing personal care and accommodation for up to 43 people aged 65 and over. At the time of the inspection the service was supporting 36 people. Accommodation is provided on two floors and the service's gardens were accessible to people who used wheelchairs.

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

Staff and managers did not fully understand the requirements of the Mental Capacity Act 2005 and necessary applications to ensure people's legal rights were protected had not been made. This meant 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.

Records of incidents had not been accurately maintained to support the identification of areas of learning and improvement.

Quality assurance systems were not fully effective. The gaps we identified during the inspection had not been highlighted by the provider's governance systems; however, prompt action was taken to address the issues.

People were relaxed and comfortable at Elizabeth House and told us, "This is a jolly place here, [It has a] nice atmosphere". Staff understood their role in protecting people from abuse and avoidable harm and were confident any concerns they reported would be addressed.

Staff were recruited safely and there were enough skilled staff on duty to meet people's needs. Training was regularly updated, and staff reported they were well supported by their managers. People were complimentary of their meals and refreshments were served regularly throughout the day. The service was well maintained, and the garden was accessible with seating and shade to enable people to enjoy summer weather.

People and their relative were complimentary of the staff team's compassionate and caring approach. Staff respected people's decisions and acted to ensure their dignity and privacy was protected.

Care plans were accurate and up to date. They provided staff with enough guidance to ensure people's needs were met. Details of people's life history, interest and hobbies were provided to help staff understand how the person's experiences could impact on their current support needs. Activities coordinators were present in the service every day and supported people on an individual and group basis regularly. However, while providing individualised support it was noticeable that there was a lack of things for people to do in communal areas. We have made a recommendation in relation to this issue.

The service's leadership were effective and the staff team were well motivated. They told us the managers were supportive and approachable. There was a registered manager in post and appropriate additional management support had been provided during a period when the registered manager had been absent. The managers told us they were well supported by the provider and records showed the operations manager had regularly visited the service to support its managers.

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

Rating at last inspection

At our previous inspection the service was rated Good. (Published 24 February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the service's compliance with the Mental Capacity Act and associated Deprivation of Liberty Safeguards 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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

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 ●

Elizabeth House

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 Care Act 2014.

Inspection team

The inspection was carried out by an inspector, an assistant inspector and an Expert 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

Elizabeth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service was supporting 36 people on the day of our inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection including notifications about significant events, inspection reports and information that had been sent to us by other agencies. We

also reviewed the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We observed the quality of care provided throughout the inspection and observed the lunchtime meal. We spoke with seven members of care staff, the activities co-ordinator, the cook, the deputy manager, the registered manager and provider's operations manager.

We reviewed a range of records. This included four people's care and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and staff training records were reviewed.

After the inspection

We asked the registered manager to provide us with various documents during the inspection and these documents were reviewed following the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and told us they felt safe. Comments received from people, visitors and relatives included, "I do feel safe here, no problems", "It's nice and safe here, I like it" and "This is a safe place for my friend to be, her possessions are safe also".
- Staff understood their role in ensuring people were protected from potential abuse and they had received safeguarding training. Staff told us they would initially report any concerns to their managers who they were confident would take any action necessary to ensure people's safety.
- The service had systems in place to support people to manage some aspects of their finances and these records were regularly audited. We found people's money was held securely and balances were accurate.

Assessing risk, safety monitoring and management and Learning lessons when things go wrong

- Lifting equipment was well maintained and had been regularly serviced. Staff supported people to move around the service safely. However, during transfers we observed limited reassurance was provided and that some aspects of the support provided were task orientated. These observations were shared with managers and additional staff training was arranged.
- Environmental risks were identified and assessed. Care plans included guidance for staff on how to protect people from known risks while maintaining their independence.
- The environment was well maintained, and fire-fighting equipment had been regularly serviced.
- Emergency procedures were well understood, individual evacuation plans had been developed and staff told us fire drills were completed regularly.
- The service had processes in place to enable learning from any accidents that occurred to be identified.

Staffing and recruitment

- The service's recruitment practices were safe. All necessary checks had been completed to ensure prospective staff were suitable for employment in the care sector.
- People and their relatives told us care staff responded promptly to people's needs and provided support at a relaxed pace. Their comments included, "The Staff are very kind to me, they look after me and don't rush me" and "I do not feel rushed, they have time for me".
- On the day of our inspection there were enough staff available to meet people needs and rotas showed planned staffing level were routinely achieved. Staff told us, "I think there are enough staff", "There are always enough staff" and "Most of the time we do not have a problem with staff sickness."

Using medicines safely

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. Relative told us, "They have been on the ball with medicines."
- Medicines were administered safely. The service used a digital system to manage people's medicines and staff told us, "It is easy to use".
- Medicine Administration Records had been fully completed and were audited each day. Any issues identified with people's medicines were highlighted to staff and could be promptly resolved. The registered manager told us, "I think [the medicines system] is brilliant."
- Some people were prescribed 'as required' medicines for pain relief or to help them to manage anxiety. Care plans included protocols detailing the circumstances in which these medicines should be used.

Preventing and controlling infection

- The service was clean and there were appropriate cleaning schedules in place to help manage infection control risks. People and relatives told us, "It's lovely and clean here, they clean a lot" and "The Home is kept very clean".
- Staff had completed infection control training and personal protective equipment was used to help prevent the spread of healthcare related infections. Hand wash gel was available for visitors on arrival. Relatives said they had been given clear and informative guidance in relation to a recent situation within the service.
- The service's laundry room was appropriately laid out. People and their relatives were complimentary of the laundry service and told us they had, "No problems with missing clothing".

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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Managers and staff had some understanding of the MCA but limited knowledge of the associated DoLS. When asked, staff were unable to explain the principles of DoLS.
- We found seven people whose capacity to make decisions was variable and who were unable to make decisions about where they lived. Staff told us it would not be safe for these individuals to access the community independently. Additional DoLS applications were made during the inspection to ensure people's legal rights were protected.
- Some people's capacity to make specific decisions had been assessed and we saw examples of appropriate best interest decision making processes. However, in the care plan of one person who managers told us had full capacity we found conflicting information. This included records showing decisions had been made in the person's best interest in areas where they had capacity. Following the inspection, new systems were introduced to enable people with capacity to record their specific consent to any restrictive aspects of their care plans.
- Where people with capacity had expressed preferences about who information should be shared with about their care needs, this information had not been consistently included in subsequent versions of their care records.

The service's failure to appropriately assess people's capacity and to make necessary applications under the deprivation of liberty safeguards is a breach of the requirements of regulation 11 of The Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014.

- Some appropriate DoLS applications had been made to the local authority where people lacked capacity to consent to their care arrangements. Where authorisations had been granted with conditions, these conditions had been complied with.

Staff support: induction, training, skills and experience

- People were confident staff had the skills necessary to meet their needs and relative told us, "I do think the staff are well trained, they look after Mum very well".
- Records showed training was regularly updated to ensure staff had the skills necessary to meet people's support needs. Staff told us "We do training regularly", "The training is a mixture of in house and online training. It is quite all right" and "We also have online training it reminds you of what you have forgotten."
- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they were permitted to provide support independently. One recently appointed staff member told us, "It was a very good induction the trainers are really good having worked for different companies. I would say they are really good."
- Staff files showed formal supervision meetings had not been held as regularly as planned during recent months. However, staff told us they felt well supported by their managers who they worked alongside regularly. Staff comments included, "[We have supervision] every three months, they are good because if there's a problem you've got you can say. Management are really approachable" and "[The deputy manager] comes out [of the office] on day to day basis anyway so if she has anything to say she will do then; but I do sit down with her every couple of weeks of so and she goes through everything."

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

- Managers met people before they moved in, to assess their needs. The assessments records were informative and had been designed to identify people's needs and expectations to ensure they could be met.
- Care plans were then developed by combining information gathered during the assessments process, with information provided by care commissioners and feedback from staff on the person's specific needs.

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

- People enjoyed their meals and relatives were complimentary of the service's food. People's comments included, "I do like the food here, there is a choice each day", "The food is very nice here, I can eat when I want to" and "The food suits me, it's very nice, I eat well here".
- Care plans included details of the support people needed with their meals. Kitchen staff had a good understanding of people's dietary preferences and specific guidance on the management of choking risks. Staff told us, "You get to know peoples likes, dislikes and dietary needs by reading the care plan. Purees, thickeners, some people who cannot have certain foods due to medication, all the information is on a board in the kitchen."
- The atmosphere in the dining room was relaxed and people clearly enjoyed the meals provided. Staff were attentive and sat chatting informally with people while providing support.
- Hot and cold drinks were served regularly throughout the day to prevent dehydration and people told us, "Drinks are here all the time" and "Drinks and snacks are always available". Where risks of dehydration or weight loss had been identified there were systems in place to manage these risks.

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

- The service was well maintained and appropriately decorated. Bathroom doors in some areas where

highly coloured to help people identify these facilities. However, there was only limited use of pictures or other signage to help people identify their own rooms.

- There was an enclosed garden area with seating and shade which people were able to access independently. Staff ensured people who chose to spend time in the garden were provided with appropriate sun protection.

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

- Care records showed appropriate and timely referrals had been made to external health professionals, including GPs and specialist nurses, when changes in people's needs were identified.
- People said they could access health care services whenever necessary and relatives told us, "Mum uses the Doctor that visits" and "She uses the visiting GP if she needs one".

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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

- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People told us, "The staff are lovely and caring towards me", "The carers are very kind to me always" and "The staff look after me very well". Relatives told us, "In my view the staff are very caring and patient with [Person's name]" and "To my observation the staff are very caring towards [people]".
- People were confident requesting help from staff who responded promptly to people's needs. People's comments included, "The staff are so friendly" and "I do like it here, very much" while a relative said, "[The staff] have been excellent. Anything we have asked for they have helped us with." Where people questioned staff, their queries were investigated and answers provided.
- Staff said they took pleasure from supporting people and getting to know their different characters. Staff comments included, "People's personalities [are the best thing about working here] everyone's is different, there's always something going on" and " Best way you can find out about people is by talking to them."
- One person used a doll to provide them with comfort and focus. Staff were respectful of the person's doll and spoke compassionately with them about clothing choices and how to care for the doll.

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

- People were able to choose how they spent their time and which activities they engaged with. Staff sought people's consent and explained their intentions before providing support.
- People were able to decline aspects of planned care and staff respected people's decisions and choices in relation to how their support was provided. Where staff identified concerns in relation to the impact of repeated refusals of support, specific care plans were developed. These provided staff with guidance on how to respond if care was repeatedly refused, to help ensure this did not adversely impact on the person's wellbeing.
- Where people had expressed preferences in relation to the gender of their support staff, these preferences had been recorded and respected.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and ensured their dignity was protected. People told us, "The staff do look after my dignity, they are very careful about that" and "I am always treated in a respectful way, they call me by my first name." Relatives said, "The staff do knock before entering her room and seek her consent to do something" and "They are really good with dignity and respect".
- Confidential care records were stored appropriately when not in use.

- One person said, "They do try to get me to do things for myself". We saw people were encouraged to remain independent and staff were patient and gave people the time they needed to complete tasks for themselves.
- Some people enjoyed visiting the local shops independently and there were systems in place to facilitate these trips. Staff told us, "[Person's name] likes to go out now and again on his own. Depends on how well he is, if he wasn't well one of us would go with him. When he does go out we give him a letter with our address and contact details".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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

- Staff understood people's individual needs and provided personalised care and support.
- Care plans had been regularly reviewed and accurately reflected people's current support needs. Staff told us, "In my opinion they seem to be good. I think [the care plans] tell you properly what each person needs" and "There is enough information in [the care plans]".
- People and their relatives were appropriately involved the care plan review process and told us, ""My sons look after the care plan stuff for me."
- Each month managers completed reviews of six people care records to ensure these documents accurately reflected people's current care needs.
- Where people regularly declined aspects of their support, specific care plans had been developed. These provided staff with guidance on how they should offer support and what to do to ensure people safety when care was declined. Staff told us these approaches worked well and commented, "This makes me feel proud like I have done a good job."
 - Each person's care plan included life history information gathered from the person, their relatives and friends. This provided staff with useful details of people's background, preferences, interests and hobbies and helped them to see each person as an individual.
 - Accurate records were maintained of the care and support staff provided each day, activities people had engaged with, the person's mood and how they had chosen to spend their time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information detailing how to meet people's communication needs was recorded in line with current guidance. Staff knew how to communicate effectively with people in accordance with their known preferences.

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

- Visitors and relatives were made to feel welcome and WiFi internet access was provided to enable people to maintain links with friend and family.
- The service recognised the importance of activities and had recently appointed an additional activities coordinator to enable activities to be scheduled seven days a week. The recently appointed, full time

coordinator was highly motivated and told us, "I want to keep people as active as possible and give them a choice of what they want to do" and "I am trying to make it as interesting as possible for people."

- Activities staff maintained detailed records of their interactions with people and had worked with them to identify goals they would like to achieve and identify new activities people would like to try. The service had access to a mini bus and group trips out were arranged every two weeks.
- People enjoyed planned activities and spoke positively of a recent visit by a therapy donkey who had visited communal areas and people in their own rooms. Comments received in relation to activities included, "They do have activities here, [my relative] gets involved I am sure", "I do get involved in the activities, I like music, games and other things" and "I like the activities, we are icing cakes today I think, I like singing and music".
- On the morning of our inspection individualised activities were planned on a one to one basis to enable people who did not like group events to participate. We saw the activities coordinator, playing games with people, reminiscing about significant events, singing and chatting quietly with people in their own rooms during the inspection. However, it was noticeable that during the morning there was a lack of communal activities on offer and most people spent most of their time resting in the services lounges. We recommend the provider reviews it's activities arrangements to enable people to be engaged in communal areas when activities coordinators are focused on individuals.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise complaints and said, "If something seemed wrong I would speak to a manager", "I would speak to someone like the manager" and "If [My relative] had a problem here I would talk to the manager, no problems though".
- There were systems in place to ensure all complaints received were investigated and people were confident any issues they reported would be resolved. Records showed prompt action had been taken to resolve any issues reported.
- The service regularly received thankyou cards from people and their relatives and consistently complimentary feedback via various websites.

End of life care and support

- The service worked collaboratively with professionals to ensure people's needs could be met at the end of their lives.
- People's wishes and preferences in relation to end of life care had been discussed and recorded. Where people had made decisions and choices in relation to how support should be provided these decisions were respected. Relatives had been appropriately involved in these processes and told us, "My Sister and I were both involved in [My relative's] care plan and end of life planning".

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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. Systems designed to monitor performance had failed ensure compliance with the regulations and incidents had not been fully documented. This meant the service's systems did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care and understanding regulatory requirements

- The service's quality assurance systems were not entirely effective. They had failed to identify the issues reported on in the effective section of this report in relation to compliance with the requirement of the Mental Capacity Act. Prior to our inspection the provider's operations manager had begun a review of the service's quality assurance systems in order to increase their effectiveness and ensure any issues identified were promptly resolved.
- There was a lack of robust systems for their recording and investigating incidents to support learning to make improvements. A significant incident had occurred between two people which resulted in a safeguarding alert. There was limited information available about this incident and it was not possible to establish from the person's daily care records when this incident had occurred. In addition, during the inspection an incident occurred where a person attempted to hit a member of staff. This was not reported to senior staff and was not included in the handover between care shifts.
- Staff and managers took an open and honest approach to the inspection process. The issues identified in the effective section of this report were immediately addressed and appropriate action was taken to improve the quality of support the service provided. For example, necessary additional DoLS applications were submitted and additional training arranged to address issues in relation to how staff supported people to move around the service.
- The provider had recently appointed a new operations manager responsible for overseeing the performance of Elizabeth House. The operations manager had visited the service regularly and was present throughout the inspection as they were supporting the registered manager's return to work.
- Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- People were comfortable at Elizabeth House and told us they liked living there. People's comments included, "It's very pleasant here", "There is a good atmosphere here" and "This is a jolly place here, [It has a] nice atmosphere".
- The service's policies were regularly reviewed and updated to ensure they reflected best practice and current procedures.

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 their responsibilities under the duty of candour. Relatives told us they

were kept well informed of any changes in people's needs or incidents that occurred.

- Where significant events or accidents occurred, the service had submitted any required notifications to the commission.

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

- Managers provided effective leadership to the staff team and their individual roles and responsibilities were well understood. The service was led by a full-time registered manager supported by a deputy manager.
- The registered manager had been absent from the service for a significant period prior to the inspection. The Commission had been informed of this absence and arrangements had been made to provide the service with additional leadership during this period. A peripatetic manager had been appointed to support the deputy manager. Staff told us these arrangements had been successful and said "We had [peripatetic manager's name] who supports us a lot."
- People and relatives were complimentary of the service's leadership and told us, "The manager is very kind and helps me a lot", "I do think this is a well-run home, the manager is very kind" and "The Home is well led by my observation". People consistently praised the deputy manager's approach and one relative commented, "[The deputy manager] is the reason we came here. She is one of the friendliest people I have ever met."
- Staff were well motivated and told us their managers were kind and supportive.
- There were systems in place to provide staff with access to management support outside of office hours. Staff told us on-call arrangements worked well and said, "Every weekend someone is on call if need them."
- The service's managers regularly attended the providers home manager's meetings. These meetings enabled managers to directly with direct access to the providers leadership and allowed learning to be shared between services.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Formal surveys seeking feedback from people and their relatives had not been completed recently. However, feedback was welcomed and post cards were available at the entrance to enable people, relatives and visitors to comment of the service's performance if they wished.
- Staff team meetings were held regularly and provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff reported that communication within the service was good and said, "We can be open and honest, [team meetings] are helpful." Meetings for residents and relatives were also held regularly.
- Managers and staff had a good understanding of equality issues. Diversity was valued and respected. Staff requests for reasonable adjustments to their employment conditions had been looked upon favourably and there were procedures in place to enable staff to have phased returns to work following periods of sickness absence.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs were identified, prompt and appropriate referrals for professional's support had been made.

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 service had failed to make necessary applications under the deprivation of liberty safeguards where people lacked the capacity to consent to restrictions of their liberties.