

Milewood Healthcare Ltd

Hawthorn House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 28 June, 5 and 11 July 2018 and was unannounced.

Hawthorn House is a care home, registered for up to nine people with a mental health need, learning disability or autistic spectrum disorder. It is a detached property and is situated in the village of Strensall, near to the city of York. At the time of our inspection eight people were using the service.

At our last inspection in July 2016 the service was rated Good overall, but we asked the provider to take action to make improvements to their record keeping and quality assurance systems. After the inspection in July 2016 the provider wrote to us to say what they would do to meet the legal requirements in relation to this breach of regulation. At this inspection we found that the provider had made sufficient improvement to meet legal requirements, but there were still aspects of record keeping which could be improved further. We also identified some additional issues related to the safety of the service. Therefore, the service is now rated Requires Improvement overall.

The service is required to have a registered manager as a condition of their registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Since our last inspection a new manager had been appointed and they were registered with CQC in October 2017.

The provider had an infection control policy and schedules for cleaning. We found the home was clean and generally well maintained. There had been improvements to the environment and décor since our last inspection. The provider conducted checks of environmental safety, but we found the annual gas safety check certificate was out of date. The registered manager made arrangements for this check to be completed shortly after the inspection.

People's needs were assessed and risk assessments were in place to reduce risks and prevent avoidable harm. Plans were in place to guide staff how to respond to any incidents of behaviour which was challenging, but one we viewed needed updating to reflect current physical interventions used. We found the provider's policy to record a de-brief meeting with staff after any significant incidents that occurred was not being consistently followed. This showed that opportunities to learn from incidents and effectively support staff were not being maximised.

Staff received training in how to safeguard vulnerable adults from abuse, and staff we spoke with understood the different types of abuse that could occur and how to respond to any concerns. The provider usually referred all relevant incidents to the local authority safeguarding team as required, but we identified an incident where there was a delay in reporting an incident that had occurred.

There were systems in place for the safe management of medicines.

The provider had a safe system for the recruitment of staff and appropriate checks were conducted prior to staff starting work, to ensure their suitability for the role. There were sufficient staff on duty to keep people safe and meet their needs, but there had continued to be staff vacancies and turnover since our last inspection. New staff were due to start work within a month of our visit.

Staff received an induction and refresher training to help them carry out their roles effectively. There were gaps in supervision records and the provider was working to improve the consistency and regularity of supervisions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care plans contained information about people's nutritional needs and preferences. People we spoke with were satisfied with the variety and quality of meals available. People were supported to maintain good health and access healthcare services. It was evident from care files that staff worked in partnership with other healthcare services, such as GPs and the community mental health team to manage and review people's health and wellbeing, including their mental health.

We observed staff to be caring and supportive towards people who used the service. Interactions were friendly and showed us that staff knew people well. People spoke positively about the staff who cared for them. People's independence was promoted.

Care plans were detailed and contained information about people's preferences and needs. This included people's needs in respect of their communication and any protected characteristics under the Equality Act. People were involved in reviewing their care plans regularly.

People were supported to maintain relationships with those close to them. They also had access to a wide range of community facilities and activities, according to their personal choice. People told us about the holidays they had been supported to go on.

The provider had a complaints policy in place and people told us they would feel comfortable raising any concerns.

The provider had a quality assurance system and the registered manager and area manager conducted a range of audits. We found that some issues identified had been acted on, but this was not consistent. The checks in place had not identified and addressed some of the issues we found during our inspection.

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 always safe.

There were risk assessments in place to reduce the risk of harm to people but behaviour management plans were not always updated accurately to reflect current physical interventions used. Opportunities to learn from incidents that had occurred were not always taken.

Staff had been trained in safeguarding vulnerable adults and knew how to respond to any concerns. Incidents were usually reported appropriately but we found an exception to this.

The provider completed appropriate recruitment checks to ensure the suitability of staff. People told us there were enough staff to keep them safe.

Building safety checks were conducted but a gas safety check was overdue.

Is the service effective?

Good 

The service was effective.

Staff received an induction and training to give them the skills they needed. The provider was working to improve the consistency and frequency of staff supervision.

Staff were able to demonstrate an understanding of the principles of the Mental Capacity Act, and sought consent to provide care in line with legislation and best practice.

People were supported to access a range of healthcare services and professionals, to promote their physical and mental health.

The environment was suitable for people's needs.

Is the service caring?

Good 

The service was caring.

People provided positive feedback about staff and we observed

friendly and supportive interactions between staff and people who used the service.

Staff promoted people's independence and people told us they could have privacy when they wanted it. Staff spoke about people respectfully.

Is the service responsive?

Good ●

The service was responsive.

Detailed care plans were in place to enable staff to provide personalised care.

People were supported to access a range of activities at the home and in the community.

The provider had a complaints policy in place and people told us they would feel comfortable raising any concerns.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There was a registered manager for the service and we received generally positive feedback about the management and leadership of the service.

There was a quality assurance system in place, but the audits and checks conducted had not always been effective in identifying and addressing issues.

The service worked in partnership with other organisations for the benefit of people who used the service.

The registered manager had failed to submit a notification to CQC in relation to a DoLS authorisation in the year prior to our inspection. They were though now aware of their responsibilities with regard to notifications.

Hawthorn House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two and a half days, on 28 June, 5 and 11 July 2018. The first day of the inspection was unannounced and we made arrangements to return on the following two days.

The inspection was conducted by one adult social care inspector.

Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also reviewed the other information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contracts and commissioning team, and from visiting healthcare professionals, prior to our visit. We planned the inspection using this information.

As part of this inspection we spoke with seven people who used the service. We spoke with the registered manager, an area manager, a deputy manager and five care staff. We looked at a range of documents and records related to people's care and the management of the service. We viewed three people's care records, medication records, three care staff recruitment and induction files, training records and a selection of records used to monitor the quality of the service. We also spent time in the communal areas of the home and made observations throughout our visits of how people were being supported.

Is the service safe?

Our findings

Most people who used the service told us they felt safe living at Hawthorn House. One person told us they did not like it when another person living at the home presented behaviours which were challenging to the staff and others, and said they stayed out of the way when this happened. However, generally people felt safe and their comments included, "I feel safe. There is a code for the door which I can use" and "Staff are good at keeping me safe in the garden and outside."

The provider had a safeguarding policy and procedure in place and staff received training in safeguarding vulnerable adults. In our discussions with staff they demonstrated an understanding of the different types of abuse that could occur and what to do if they had any concerns. However, on the first day of our inspection, when the registered manager was on annual leave, we found that staff had not reported an incident to the safeguarding team that had occurred that week, as they had not recognised that it would be appropriate to refer. We advised the area manager of this and the registered manager ensured the incident was reported on their return from leave. The registered manager told us they had discussed this with staff involved, to ensure all relevant issues would be reported promptly in the future, in their absence.

The provider completed risk assessments in relation to people's individual needs and we found examples which showed action was taken to minimise risk. This included actions in relation to falls, road safety and accessing the community independently. Risk assessments were evaluated monthly. There were also risk assessments in relation to behaviour which could be challenging to others and, where relevant, behaviour management plans were in place. We found the provider was appropriately working alongside other health professionals to review the well-being, medication and support to one person.

The provider had advised us three weeks before the inspection that they were reviewing the format and content of behaviour management plans. This was to ensure they were consistent with the current model of training given to staff. During our inspection, we found that the behaviour management plan for one person was still in the old format and did not contain images of the current physical interventions which should be used if required. This was significant because a number of incidents had recently occurred, including one where a staff member had been injured. Whilst we had been made aware that the provider was still in the process of reviewing these plans across all their services, we would have expected the plan for this person to have been a high priority. We asked the provider to take immediate action to update this plan, so that staff had clear and consistent instructions about how to respond should a physical intervention from staff be required.

The provider had a policy to conduct a de-brief meeting with staff and relevant people after any significant events which occurred. Some staff told us that these meetings always occurred but others said they did not. The registered manager said that de-brief meetings held were not recorded, so they were unable to provide us with any evidence of the meetings. This showed the provider could be more proactive in reflecting and learning from incidents. The registered manager was able to give some examples of how they used ABC records to monitor patterns and triggers for incidents. The provider also monitored the number of accidents and incidents each month and told us they used this information to look for any patterns or action required.

We found checks of the building and equipment were carried out to ensure the environment and equipment was maintained safely. This included checks on the fire alarm and electrical wiring. However, we identified that the annual gas safety certificate had expired. The registered manager took action to arrange for this safety check to take place shortly after our inspection.

Arrangements were in place to prevent and control the risk of infections, including cleaning schedules for staff and personal protective equipment. The building was generally clean and free from malodours. Improvements to the environment had been made since our last inspection, including the installation of a new kitchen.

We found medicines were appropriately managed, stored, recorded and administered. Staff received medication training and were observed to check their competency before being allowed to support people with their medicines. One staff member felt the medication training lacked practical instruction about the administration of medicines. There were plans for a pharmacist to deliver additional training to increase staff skills and confidence. We observed staff supporting people appropriately and involving them in decisions about their medicines. The registered manager agreed to ensure staff consistently recorded the date of opening on any medicines that had a limited shelf life once opened.

The records we viewed showed that staff were vetted prior to their employment, to ensure they were suitable to work with vulnerable people. This included seeking references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. We discussed with the registered manager ensuring interview records were consistently completed and dated.

We spoke with staff and people who used the service about whether there were enough staff to meet people's needs safely. People told us there were usually enough staff and one confirmed, "There's always three or four staff on to help you if you need anything; and staff at night." There had been staff vacancies and staff told us that they had agreed to cover extra shifts to ensure there were enough staff to ensure people's safety and well-being. It was apparent from our discussions with staff that some found covering additional shifts tiring and felt that this sometimes lead to tensions within the team. We noted there had been a high staff turnover over the year prior to our inspection.

From the rotas we reviewed, we found occasions over the previous month where there had been lower staff numbers on duty, particularly on a weekend. We saw that a new staff member was completing their induction and shadowing period and would shortly be available to work on the rota. The registered manager told us that an experienced support worker from another Milewood Healthcare service was transferring to this service in the month following our inspection. The provider was also in the process of recruiting additional night staff to increase the support available on a night. Although our discussions with people who used the service did not indicate they felt staffing levels or turnover had impacted on their care, we found continued focus was required from the provider in relation to the recruitment and retention of staff.

Is the service effective?

Our findings

We discussed with people whether they thought staff had the right skills to care for them well and people confirmed they did. People commented, "They are helpful" and "They look after me fine."

Staff completed an induction when they started in post. This included face to face training in specific topics such as management of actual and potential aggression (MAPA), first aid and administration of epilepsy medication, and paper based training packs in all other topics, such as health and safety, safeguarding, medication and manual handling. Within the first year staff completed a face to face training course in these topics too.

Staff completed refresher training, either annually or three-yearly depending on the topic. This ensured their knowledge and skills were kept up to date. The provider stored training records electronically so they could monitor when training was due.

The provider's policy was to hold individual staff supervision meetings monthly. At our last inspection we noted some gaps in supervision records and at this inspection we found this continued to be the case. The registered manager was aware of this and told us that now there were two new senior support workers in place, who were working to ensure the frequency of supervisions was more consistent. The supervision records we viewed showed that staff had opportunity to reflect on practice and discuss training needs. 'Mentoring' forms were used to increase staff skills and awareness in specific identified topics.

Staff meetings were held, and there were daily handover meetings to exchange key information between staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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. The application process for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care files contained assessments on people's capacity to make specific decisions. In some cases, the scope of the decision to be made could be clearer, for instance an assessment we saw in relation to medication. Where relevant, DoLS authorisations were in place or had been applied for.

Staff completed MCA training and staff we spoke with were able to demonstrate understanding of the

principles of the MCA and the importance of gaining consent before providing care to someone. We observed staff asking for people's consent to provide them with support and people's views were respected. We saw evidence in care files that people had been involved in decisions about their care; people had signed to confirm that staff had explained their plan to them and that they were in agreement to it. This showed us that staff sought consent to provide care in line with legislation and guidance.

People's needs and choices were assessed prior to them accessing the service, to ensure that staff could meet their needs. Their needs were then regularly reviewed, in line with legislation and best practice. Care plans contained information about expected outcomes and people were involved in the review of their care plans.

The property and environment was suitable for people's needs. Since our last inspection, the home had been redecorated and the kitchen replaced. There was a small yard at the back and the provider was working on a garden area at the rear of the property, so that this could be used more by people. One person was starting to find the stairs to their first floor bedroom difficult to manage and staff advised that consideration was underway to offer this person an alternative ground floor room.

People were supported to maintain good health and access healthcare services. We saw from information in people's care files that they had been supported to access healthcare professionals where required. For example, people had seen GPs, the community mental health team and other professionals involved in their care. Some people had regular support from their psychiatrist and we found the provider worked in partnership with other agencies to monitor and promote people's wellbeing. Care files contained a 'hospital passport', which contained key information and was to be used in the event that the person needed to go to hospital. We noted an example where the medicines listed in one person's hospital passport were not up to date. Attention was required to ensure these were updated consistently in line with people's current medication administration record, to avoid potential confusion. We found care files also contained specific guidance for individuals, to support with people's mental health and emotional well-being. For instance, one person had an 'anxiety workbook' in an accessible format.

The registered manager and staff gave us an example of how they had supported someone through the transition of moving on from Hawthorn House to another service, due to a change in their needs. They had worked in a co-ordinated way with the other provider to aid the transition and help the person to get to know their new environment. Since the move, staff had also supported people at Hawthorn House to visit the person in their new home, as several of them had lived with the person for a number of years.

People gave positive feedback about the food they received. One person told us, "Staff ask what you like and don't like. You get three meals a day. There's a set meal but if you didn't like the option they'll cook you something else." Menus were discussed in 'resident meetings'. We observed mealtimes were relaxed and people ate when and where they wanted to. People were offered choices in a manner and at a pace they were able to understand.

Care files contained an assessment about people's nutritional needs and people were usually weighed monthly to monitor for any significant changes. Staff were knowledgeable about people's dietary requirements and food preferences; for instance, they told us about one person who had a food allergy.

Is the service caring?

Our findings

People spoke positively about the staff who supported them. One told us staff were, "Very nice and caring. I've always liked the staff." Others confirmed they thought staff were caring and some spoke warmly about individual staff members.

During our inspection, we observed many examples of positive and friendly interactions between staff and people who used the service. Staff chatted to people and showed interest in their well-being. Staff spoke with us about people respectfully and demonstrated an understanding of their needs. For instance, they acknowledged when people were going through an unsettled period with their mental health and demonstrated a commitment to providing additional support and reassurance through this period. Staff told us they had covered additional shifts, to ensure that people had continuity of care. A staff member also told us how much satisfaction they got from knowing people had had a good day; which to them meant ensuring people had been out doing something of interest, had had a good meal and were happy. Another told us how staff always tried to ensure that people felt special on their birthday, with a meal out or a party.

We observed people were involved in decisions about their care and what they wanted to do. Staff offered explanations when they were not able to assist with something straightaway. For instance, when waiting for the service vehicle to be returned, so they could then use it to take someone out. People were kept informed and offered alternatives in the meantime. Staff planned daily activities and arrangements with the aim of being equitable with the time and attention given to each person, whilst allowing for their individual needs. Staff showed a good understanding of people's needs and preferences.

Staff promoted people's independence. Care plans contained information about people's needs in relation to daily living skills and domestic tasks. These detailed which tasks people were able to do for themselves, such as making their bed and tidying their bedroom. We saw that people were supported to go out food shopping and one person told us they helped to cook the evening meal sometimes. Two people had accessed a local travel training scheme, where they had been learning to use public transport independently. One person had successfully passed this training, which meant they were now confident to use a bus to travel home from the day service they attended. Care plans in relation to personal care also described which aspects of care people were able to manage independently and which areas staff needed to offer support with. For instance, one file we viewed explained that the person was able to brush their own teeth with a prompt from staff, but full support was required with showering. This enabled people to maintain their independence where possible.

People confirmed to us that their privacy and dignity were respected. They told us they could have privacy in their bedrooms and staff knocked on their door before entering. Staff demonstrated an understanding of people's human rights. People also had access to independent support to assist them to express their views where required; one person told us they could speak to their advocate when they wished to. People could have visitors anytime and were able to keep in contact with relatives by telephone if they wished to.

Care files contained information about people's spiritual and cultural needs and any protected

characteristics under the Equality Act 2010. The provider had an equality and diversity policy and staff received equality and diversity training. Staff gave examples of the support they provided to meet people's individual needs; this included ensuring people had access to any equipment they needed to support with physical impairments and making sure people were aware they could attend church if they wished.

Is the service responsive?

Our findings

Staff were knowledgeable about people's needs and preferences. Care plans had been developed for each person who used the service, to give guidance to staff on how to meet people's needs. At our last inspection, we found clear evidence that people had been involved in developing their care plans and at this inspection we found this continued to be the case. People were aware of the contents of their plan and met with their keyworker monthly to review their care. One person showed us their plan and told us about the documents they knew staff completed in their file each day. This showed they felt involved in what was agreed and written in their care plan.

Care plans contained detailed information about people's needs and the expected outcomes from the support provided. There was information about people's preferences, likes and dislikes. For example, one file we viewed described the structured activities the person responded well to. There was also information about how staff could help to reassure people when they were anxious. Care files contained a lot of information and documentation, and we noted some minor anomalies in care files where certain documents contradicted other information elsewhere in the file. For instance, a risk matrix document we viewed did not reflect the same level of need and risk that was outlined in the person's challenging behaviour care plan and behaviour management plan. The registered manager agreed to remind staff to ensure vigilance with updating all relevant documents whenever the care plan was updated.

All organisations that provide NHS or publicly-funded adult social care are required to follow the Accessible Information Standard. The Standard sets out a consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss. The provider identified people's communication needs and we found there was information recorded in care files regarding this. This included how to explain things clearly, in a way that maximised the person's ability to understand the information presented. Some information was available to people in accessible formats, such as easy read or symbols.

Staff completed monitoring documentation, including daily records and information about the activities people had been offered or taken part in. This helped the provider monitor that the support provided was in line with people's care plans.

End of life care was not part of the home's remit, therefore care files did not contain information about needs in this regard and staff were not trained in this area.

People took part in a range of social activities at the home and in the community. On each day of our inspection, a variety of people went out either independently or with staff. Some people had individual support and others went in a small group. This included household and daily living activities, like being supported by staff to complete a supermarket shop. One person told us, "I go to the Hut (community meeting place and creative activities for people with mental health needs and/or learning disabilities). I also do colouring sometimes and play dominoes. We play bingo and have prizes. I like my videos and music and help with the garden. I'm happy there's enough to do." Another told us, "I do all sorts of stuff. I can go

bowling or to the cinema. We have DVD nights with popcorn. If you want to go on holiday you can; we go with staff, and you can go on your own or with a group, whatever you want. I've been to Scarborough and Whitby." This person also told us about their voluntary job at a community centre, which they enjoyed.

Staff told us about other activities some people did on a regular basis including attending day centres or supported work schemes. If people wanted to go on holiday people could choose where they wanted to go. In the year prior to our inspection people had been on holiday to places including Benidorm and Edinburgh. Staff told us that ensuring that everyone had chance to go out each day could sometime be a challenge when they were short staffed, and that there was sometimes inconsistency in how this was organised, depending on which staff were on shift. However, from our discussions with people who used the service, they were satisfied with the range of opportunities on offer.

People had opportunity to raise concern or comments about the service in individual review meetings, 'resident meetings' and in surveys. The provider had a complaints procedure, outlining how people could expect any complaints to be responded to. People we spoke with told us they knew how to raise a concern and would feel comfortable doing this, if they needed too. One told us, "I would go to any of the staff. They would help sort out the problem."

Is the service well-led?

Our findings

At our last inspection, in July 2016, there was no registered manager at the service, which is a condition of the provider's registration. There were inconsistencies with record keeping, which had not been identified in audits. We found the absence of a manager for the service had impacted on the monitoring and consistency of record keeping, including incident records, training records and supervision. This was a breach of Regulation 17 (2)(a)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the service was now meeting the conditions of their registration, because they had appointed a manager and they registered with CQC in October 2017. Overall, we found there had been sufficient improvement with record keeping to demonstrate that the provider was now meeting the requirements of Regulation 17. Records in relation to incidents and training were up to date. There were though areas where further improvement was still required to demonstrate consistent and sustained progress, such as staff supervision records and issues we identified in the 'Is the service safe?' section of this report.

The provider had a range of audits in place, including a monthly provider quality assurance visit and operations audit, and checks of health and safety, medication, infection control practices. We found that in some cases audits had resulted in improvements, particularly earlier in 2018. For instance, actions from an infection control audit in January 2018 and a quality assurance visit in January 2018. The latter of these documented the action taken in relation to the kitchen re-fit and safety issues, such as removing an overflowing skip. However, recent audits had action plans which were not completed to show when action had been taken. Therefore it was not evident that the provider was checking to see that issues had been addressed. We found that some issues identified in audits and had not been addressed when we completed our inspection. For instance, a medication audit conducted in February 2018 identified that dates were not always recorded on medicines when they were opened, which was still the case when we visited. A quality assurance audit in May 2018 identified an issue with the same behaviour management plan that we had concerns about in our inspection. Other additional concerns we identified in the 'Is the service safe?' section of this report, such as the out of date gas safety certificate, had not been identified and addressed by the checks in place.

Satisfaction surveys were conducted by the provider, and we found that responses of relative surveys returned in January and February 2018 were generally positive.

People were aware who the registered manager was and commented positively about them. One person told us, "The manager is [Name]. He's alright, a nice person" and another said, "[Name]'s okay."

In the main, staff were positive about the management and leadership of the service. One staff member told us, "[Registered manager] is good, he's approachable. He is good because he doesn't just sit up in the office, he'll get involved with people and staff. If staff have an idea he listens to what we've got to say." An experienced deputy manager from another Milewood home had been working at Hawthorn House two or three days a week, for a couple of months prior to our inspection, to provide additional support with staffing

issues and assist the registered manager in improving systems and practices at the home.

When we asked staff about the culture and atmosphere at the home, the responses were mixed. Some staff told us there was good team working but other responses indicated there were some tensions within the staff team. This was attributed to issues such as inconsistencies in approach between staff and working additional hours. The registered manager told us they were aware of some "personality clashes" within the team and were working to try and resolve this.

The registered manager demonstrated an understanding of their role and their responsibility to submit statutory notifications, as required by law, for incidents that occurred at the service. They had though failed to submit one notification in relation to a DoLS application which had been authorised in the year prior to our inspection. They told us this was because, at the time the DoLS was authorised, they had not been aware they needed to notify CQC of this. They assured us they were now aware of this and would submit a notification in relation to the outcome of any DoLS applications in the future. These notifications enable CQC to monitor compliance with the MCA and ensure providers are adhering to any conditions on authorisations in place.

The provider worked in partnership with other organisations, including healthcare services, activity providers and community groups.