The Jethwa Partnership

Everley Residential Home

Inspection report

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Date of inspection visit: 20/10/2014
Date of publication: 19/02/2015

Ratings

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

Overall summary

This inspection took place on 20 October 2014 and was unannounced. The last inspection on 14 October 2013 identified that the provider was fully compliant with all of the regulations we looked at. Everley Residential Home provides accommodation and personal care for up to 16 people who may have needs due to old age, physical disability or dementia. At the time of our inspection 13 people lived at the home. A registered manager was employed at the service. 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.

Staff we spoke with understood that they had responsibility to take action to protect people from harm. They demonstrated awareness and recognition of abuse and systems were in place to guide them in reporting these. However, staff including senior staff lacked awareness of how to report issues to outside agencies in the absence of the manager.

Summary of findings

People and their relatives consistently told us they were happy with the service provided and that staff understood their needs.

Staff understood how to manage the agitation of some people without the use of additional medication. Where specific precautions were needed to take medicines in a specific way, written details to support these practices were not always evident to guide staff to ensure people's medicines were managed safely.

People were cared for by staff who knew them well and who they described as kind, caring, respectful and patient. We saw that staff respected and responded to people's individual needs. However, people told us and we saw there was not enough staff to support them with recreational pastimes of their choice and opportunities for people with dementia were not fully apparent. We saw that there were some occasions where additional staff were needed to ensure they were able to respond to people's behaviours that were causing alarm to others; a view shared by people and staff.

People's needs were assessed and care plans were detailed to provide guidance to staff to meet people's needs. People were supported to access health care services and so received effective care that was based around their individual needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and The Mental Capacity Act 2005 (MCA) and report on what we find. The manager had undertaken training in this area to ensure she understood her role and responsibilities. However the provider had not followed the guidance where some people's liberty had been restricted. No applications had been submitted to the supervisory body so that the decision to restrict somebody's liberty is only made by people who had suitable authority to do so.

Risks to people's health and wellbeing were well managed. They were supported to eat and drink well and had access to health professionals in a timely manner.

Staff were provided with training in order to develop the skills and knowledge to provide safe and appropriate care to people. Staff had access to regular support and supervision to ensure they could discuss their practice as well as their training needs. The provider had a rolling programme of training and we saw that refresher training was being booked.

The manager was open to managing people's comments and complaints and people were confident these would be responded to. The views of people and their relatives had been regularly sought via meetings and surveys to obtain their feedback, and areas for improvement were being addressed.

The provider had a quality assurance process for monitoring and checking the quality of the service. Whilst some redecoration was evident to improve the premises, there were some environmental risks which had not been identified by the provider's auditing and quality processes and could potentially compromise the safety of people. These related to harmful chemicals left unsecured, tools, rusted equipment and worn flooring.

We found a breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the following; The requirements of DoLS. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Not all staff had up to date training in safeguarding of adults. They did not demonstrate they understood their responsibility to identify potential abuse and did not know how to report this.

There were times when there was not enough staff available to meet people's needs and some people said they sometimes did not feel safe.

Written guidance was not always evident to ensure people received their medication in a safe way so that risks to their health could be reduced.

Risks to people's safety had not been fully considered. There were harmful chemicals left unsecured, tools, rusted equipment and worn flooring.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

There were arrangements in place to ensure that decisions were made in

people's best interest. However, the deprivation of liberty safeguards had not been followed. This did not ensure people's rights had been protected.

Staff had received training and on-going support to meet people's needs.

People were referred to appropriate health care professionals to support their health and welfare.

People were supported to eat and drink enough and received the right nutritional support from external professionals. People told us they were happy with the food.

Is the service caring?

Good

The service was caring.

People told us staff were very caring and patient. People told us their right to remain independent was promoted.

People's privacy was compromised by the lack of appropriate screening in shared rooms.

Relatives told us they felt that the staff cared for, listened to and talked to people.

People had choices about the level of care they wanted and were supported in an unhurried manner.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

Summary of findings

People's needs were regularly assessed with them and staff knew their wishes and preferences when delivering their care.

Relatives told us staff kept them up to date of important issues relating to people's well-being.

People were confident in raising any concerns with staff.

People felt that the manager listened and acted on their views and we saw there was daily dialogue with people as well as meetings and surveys to obtain their views.

Some people did not receive appropriate levels of stimulation and other people told us that they were bored.

Is the service well-led?

Some aspects of the service were not were not well led.

People and their relatives felt the home was well run and that staff and the manager were approachable and supportive.

Monitoring of the service was not consistently applied or fully effective in identifying risks to people's safety or where improvements were needed.

Requires Improvement

Everley Residential Home

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 20 October 2014 and was unannounced.

The inspection was undertaken by two inspectors and an Expert by Experience, (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had knowledge of the needs of older people and spent time with people and relatives to gather their views about life at the home.

As part of our inspection process we asked the provider to complete a 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. Before our inspection, we reviewed the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from Dudley Local Authority and NHS Commissioning Group. Both have responsibility for funding people who used the service and monitoring its quality. They did not share any concerns about the service.

We spoke with the 12 people who lived at the home, four relatives, the manager, four staff and the cook. Some people were not able to tell us about their care so we spent time observing them being supported by staff. We looked at the care records related to four people, and sampled accidents records, training records, menus, complaints, quality monitoring and audit information.

Requires Improvement

Is the service safe?

Our findings

People's views about their safety varied. They told us they felt safe with the staff who one person described as, "Good people who really look after you". Another person told us, "I feel safe here the staff check to see if I am alright in the night". One person told us, "I don't always feel safe." A relative told us, "I have no concerns about safety my relative is looked after very well".

Some people told us they were uneasy about the behaviour they were sometimes subjected to by other people. This included shouting, screaming and throwing of objects. One person said, "I do worry about getting hurt but the staff do try to calm people who get distressed, it doesn't do my nerves any good". Another person told us they were worried about a person who had on occasions gone into their bedroom when they were in bed. This meant people did not feel at ease with other people they lived with. Staff we spoke with could describe the actions they took when dealing with difficult situations where people's behaviours may challenge or compromise people's safety. We saw they took positive steps to distract, divert or separate people where conflict was evident. From talking with staff they had an awareness of people whose behaviour could potentially cause harm. However there were observed periods where staff were not in the vicinity to support people which limited their capacity to reduce such incidents. One person told us, "Staff try but they are busy and sometimes not in the room so people shout at each other".

We saw that the provider had experience of reporting allegations of abuse to the local authority's safeguarding team in order to protect people from harm. Staff told us if they had any concerns about the safety or welfare of a person they would report this to the manager to assess and report to the local authority's safeguarding team. Discussions with staff showed they were aware of the various forms of abuse that people were at risk of. However they did not know what to do if safeguarding concerns were raised in the absence of the manager. An information folder was available to guide staff in this process but when we spoke with a senior and care staff they were unaware of the procedures or where to find contact numbers. This could potentially mean that safeguarding concerns may not be reported appropriately or in a timely manner. Training records showed not all staff were up to date with safeguarding training. The manager told us refresher training was planned.

Assessments were undertaken to identify risks to people's safety. For example where people were at risk of falling, developing pressure sores or at risk of choking. We saw staff followed the advice and recommendations of external health professionals when supporting people so that risks were reduced. We saw appropriate management plans were in place, people had the right equipment and staff understood how to reduce risks to people's health. One person told us, "The staff know about my health and how to support me I feel quite safe with them". Staff took appropriate action when reporting accidents. We saw the manager had reviewed accidents and looked at ways of reducing these. For example where people had fallen they had been referred to health professionals for advice to reduce risks.

The manager stated they calculated and reviewed staffing levels on a monthly basis and that there were enough staff to meet people's needs. Rotas showed staffing levels had remained unchanged and staff confirmed that the numbers of staff on each shift remained the same. The manager told us they had identified four people who were presenting with high dependency needs. We also saw periods in the afternoon when the staff numbers were reduced and communal areas were not supervised for short periods of time. It was not therefore clear that staffing levels had fully taken account of the changing dependency levels of people. People who lived at the home stated that there could be more staff. One person said, "Staff are brilliant but some people need a lot of care and there's not enough staff to help us all". A relative voiced similar concerns that staffing, "Could be improved". Staff members told us the needs of some people had increased and they could do with more staff. One staff said, "It would be nice to have more staff so we can offer individual support especially to those people who have dementia".

The manager had followed recruitment processes. Staff we spoke with told us that as part of the recruitment process checks were made with the Disclosure and Barring service. This meant that only suitable people were employed to work in the home. We saw that adequate pre-employment checks had been carried out, including obtaining of references.

Requires Improvement

Is the service safe?

We found appropriate arrangements were in place to ensure that medicines were available for people when they needed them. Medicine records showed people had received their medicines as prescribed by their doctor. One person told us, “They are very good I always get my medicine on time and if I need pain killers I can have them in between”. We saw that staff administered medicines safely and checked each person had taken it prior to signing the records. Medicines were checked regularly to identify and rectify errors. There was a lack of written information about when medicines should be administered for people who only need them at certain times, for example for agitation. However we saw staff understood the circumstances about when to give these medicines and we saw from medicine records that the amount of medicine the person had been given was minimal. Staff told us, “We don’t use it unless we absolutely have to”. We heard from staff they tried to calm or distract the person. Staff we spoke with were aware of safety precautions for one particular prescribed medicine but there was no written protocol to show the precautions needed. Clear information about how people’s medicines should be managed would ensure that people get their medicines safely.

We saw that there were some environmental risks evident within the premises. For example we saw that tools such as a saw, and decorating chemicals such as a container of white spirits, varnish and poly filler were left outside the back door. We saw people pass by these objects when they went to the garden. The manager told us they used a risk assessment to ensure the environment was safe and that she was not aware these materials were left unsecured. There was a potential risk to the safety of people particularly people who had dementia.

Requires Improvement

Is the service effective?

Our findings

The provider's system for recognising DoLS, and providing training to staff was not fully effective. We saw that some people who may lack capacity had restrictions in place. The manager told us some people at times expressed a wish to leave the home but were considered by staff to be unsafe to do so. Staff we spoke with confirmed restrictions were in place for some people because they would deter them from leaving the home unescorted. The manager told us that she recognised that applications needed to be made to the local authority. She had attended a training event with the local authority to aid her understanding of these safeguards but no applications had been made to authorise these restraints on people. This meant that the provider had not followed the requirements of the DoLS. Staff we spoke with had not received training in the Mental Capacity Act or DoLS to aid their understanding of the requirements and their responsibility.

Arrangements in place did not ensure that the provider had taken steps to ensure the legislation was appropriately applied and people's rights upheld. This was a breach in regulation 11 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The manager understood the principles of the Mental Capacity Act 2005 and recognised that important decisions needed the involvement of other health and social care professionals when decisions were made in people's best interest. Staff we spoke with understood the need to gain people's consent before carrying out care tasks and we saw they asked and waited for people to agree. We saw where people refused care interventions that they needed staff adopted the least restrictive approach to encourage the person to reduce risks to their health. A relative told us, "It is human rights and I do understand it". They confirmed that they had been involved in decisions affecting the person's care because the person was unable to give consent.

We saw staff had the skills to meet people's needs when for instance moving them safely, taking care of their fragile skin, and ensuring people had the right support to eat and drink safely. They were able to tell us about the individual needs of each person as well as any health conditions that affected their care, and we saw care plans were in place to reflect how people's needs should be met. A member of staff told us, "Everyone has an assessment of their needs and a care plan so we know where they need help". People told us they were very happy and confident that staff understood their needs. One person said, "I am satisfied with the care I receive and am sure staff understands my needs when helping me to move". Another person told us, "I am quite independent and mobile but I do notice that the staff know how to support others".

The induction procedure covered policies and procedures to guide new staff in how they should work. Staff told us they had an induction when they first commenced their employment. However we found this process was not consistently followed. For example a newly recruited staff member told us they were, "Waiting" for their induction. Although they had worked in the home previously no induction had taken place to ensure checks were made that they cared for people safely and effectively.

Training for staff was planned annually and the provider told us in their PIR that they recognised staff needed training in safeguarding, dementia awareness and nutrition to develop their knowledge and skills. We saw from training records and heard from staff that they had completed courses in topics relevant to their role, such as infection control, medicine management, moving and handling, and food hygiene. Systems to support and develop staff were in place through supervision meetings. Staff told us this gave them the opportunity to discuss their professional development as well as any concerns they may have.

People told us that they were happy with the food and that there was always a choice. We saw people enjoyed choices at both their breakfast and lunch, one person told us, "You can have anything you like, a cooked breakfast, something on toast whatever, the cook always comes and asks us". The cook had detailed information about people's dietary needs and preferences to include risks associated with specific health conditions such as diabetes, the risk of choking or weight loss.

We saw people were assisted to eat with the right utensils such as raised sides on dishes and meals had been fortified to ensure people had the right nutritional support. People had received support from other health professionals with their dietary needs. One person's medical condition placed them at risk of choking; their care plan included detailed information about the medical devise they used to aid their eating and how their food should be prepared and presented. Care staff and the cook were fully aware of the devise and how to ensure the persons' safety. People

Requires Improvement

Is the service effective?

received effective support to eat and drink and this was regularly monitored. The mealtime was relaxed and people were given plenty of time to eat their meal. One person told us, “They always bring me a little plate with bread on; I love it with my stew”. We saw people’s individual needs for direct support with eating had been addressed by one to one support. Where people were prescribed food supplements to improve their nutritional intake we saw staff understood how to prepare and support people to take these.

Relatives told us they had positive experiences regarding accessing health care professionals and that staff, “Communicated well” with them. One relative said, “I’m very confident if there was a problem they would share it with the doctor or nurse”. People confirmed they had access to health care professionals when they needed them. One person said, “The staff will always call the doctor, and when you are ill they look after you very well”. Care records showed staff took appropriate steps to refer people to health care professionals and follow recommendations to maintain people’s health.

Good

Is the service caring?

Our findings

People spoke positively about the care and support they received and told us the staff treated them very well. One person said, "They do everything for you I was in pain last night and the night staff creamed my legs, they are so kind". Another person told us, "I am looked after very well, the staff are very kind and friendly". A relative told us that they got, 'A warm feeling from the staff'.

There was a relaxed and inclusive atmosphere. In the morning we saw that staff greeted people individually when they arrived into the lounge, and stopped to chat and find out how they were feeling. We heard people respond to staff on first name terms showing they knew the staff well. During the course of the day we saw staff speaking to people in a polite and friendly manner and regular occasions where they shared a joke and laughed. Staff used people's preferred name which showed that people were respected and acknowledged as individuals.

We saw that staff asked people and waited for their consent before they were provided with care. We saw staff gave people time to respond for example, "Would you like to come now?" and obtained their consent before carrying out any care tasks. People had choices about where they ate their meals, if they needed help with eating and drinking and when they wished to have a bath or hair wash. We saw people's care was delivered in a caring manner and people told us they felt relaxed and unhurried by the staff providing their care. People were involved in day to day decisions about their care. For example a person told us, "You can ask for anything and they will try and do it, I asked this morning if I could have my hair washed to make me feel a little better and she [a staff member] was so kind she did it for me".

Staff we spoke with had a good understanding of people's individual needs and character and we saw they used this well in relieving people's distress and trying to make them comfortable. For example in recognising signs of distress and loneliness they offered reassurance to a person who was missing their friend. A staff member said, "It's been difficult for this person as their usual friend is ill and they are feeling a bit lost". We spoke with the person who confirmed they were a little lonely but were quite happy that the staff were spending time with them.

People told us that they were involved in making decisions and planning their own care. One person said, "I like to do things for myself, like help myself to a drink and I can here". We saw there was a flask of tea and people could help themselves to a drink whenever they wanted to. This meant account had been taken of people's personal preferences so that they could maintain their independence. There were some features that enabled people to independently move around the home such as clear signage to help people locate the toilets and their bedrooms, and a painted contrasting handrail in the main corridor to support people to recognise distinct areas of the home.

Care records were personalised because they included lots of information about people's needs, routines and preferences. This helped staff provide personalised care. People or their representatives had been involved in decisions about their care, one person told us, "My son and I discussed the care plan I couldn't tell you if all my routines are in it but I'm happy staff know them and respect them". A relative said, "My relative is looked after very well and looks very happy and cared for". Another relative said, "We were involved in reviewing care and changes were made".

We saw staff took time to chat to people in a friendly manner and these discussions demonstrated staff had a good knowledge of people's character, their lifestyles and interests. One person told us they really liked the chance to 'just talk' and that staff were 'interested in what I have to say'. Staff demonstrated a positive attitude towards people and took the time to listen and talk with them. A staff member said, "It's important people feel they matter and talking makes most people feel better".

Although we saw that staff promoted people's privacy by ensuring bathroom and toilet doors were closed some aspects of people's privacy had not been fully supported. For example in one of the two shared bedrooms there was a lack of screening to promote people's privacy. We also saw one bedroom contained large pieces of personal equipment such as portable reclining chair, and large units either side of the bed with little space for people to get out of bed especially where they required a walking aid. This left little room for visitors to sit and meet privately. A person sharing this room told us they, "Found it difficult to move around", and that, "There's not a lot of room". Other people in single rooms were happy with the level of privacy they had and a relative told us, "I do visit in the bedroom and we close the door for privacy".

Good

Is the service caring?

We saw people's dignity was protected by staff who adjusted people's clothing where they were unable to do this for themselves. At lunchtime people were offered protective clothing to promote their dignity. All the staff we spoke with were able to give us a good account of how they should promote people's dignity. However a relative we spoke with told us some aspects of people's dignity was not consistently supported. For example they told us staff needed to, "Be more aware of supporting people to change their clothes after their lunch as they noticed they were dirty". The provider told us in their PIR that dignity was on their staff meeting agenda and that they were looking to appoint a dignity champion to promote awareness in this area.

Requires Improvement

Is the service responsive?

Our findings

People told us that they were happy at the home and that staff "always tried" to meet their needs. They told us that the staff knew them well and cared for them in the ways they wanted. One person told us, "I am very independent and the staff only helps me with certain things, we have meetings and discuss what I want". Relatives we spoke with told us they had attended planning and review meetings and had been kept fully informed of any changes. A relative told us, "I am not worried about reviews or any paper work. The important thing is that the staff know what the person needs and they provide it, and I've seen the staff do that".

People received care and support that was responsive to their needs. One person said, "We have a flask so we can make our own drinks, I think that's a good idea for those of us who are more independent and we don't have to depend on staff". Other people told us they could shower or bath at times they wanted and that they decided their own every day routines for getting up or going to bed, when they ate and where they ate. We saw the manager had responded to changes in people's needs. This was confirmed by one relative who told us that they had been involved in a medication review because it was apparent the person did not require the medicines prescribed.

We saw staff were responsive to people who could not always voice their preferences or make decisions about their care or daily routines. Staff explained options and waited for the person to consent. A staff member told us, "We will explain and wait but if the person is distressed or refusing we leave it and try again later". Another staff member told us, "We know about people's communication needs and we try and use methods to help them communicate their needs and wishes". A relative told us, "I have discussed what I think my relative would like because they can't always make their needs known".

People told us about the things they enjoyed doing which included keep fit, puzzles, word searches and quizzes. They told us they had been asked about what they enjoyed. However people told us that time to engage in any form of activity was confined to an hour in the afternoons. People commented it was, "Boring", "Not enough time to spend enjoying ourselves with the staff", and "I have to keep my own mind active because there's not enough to do". We saw staff deliver an activity over a twenty minute period, but it was not inclusive; some people needed support to engage and this was not evident. We were shown a selection of materials aimed at people who enjoyed sensory or reminiscent activity but staff confirmed the time allocated to support people was limited to afternoons. We saw that people who were unable to occupy themselves received limited stimulation and for large periods of time the T.V was the only entertainment. We saw occasions when people who were not actively engaged displayed distress such as shouting out. We saw staff responded to their agitation but this was a reactive approach as opposed to a proactive one. There was little evidence that people's social care needs had been planned for to ensure there were sufficient staff with the right skills to engage people who need one to one to participate.

People told us that they were supported to maintain relationships that were important to them. We heard from staff and relatives that there were varied ways of staying in touch with people and we saw that phone calls, emails and visits helped people maintain contact.

People and their relatives had access to a complaints procedure which was displayed in the home. People told us they were confident any complaints they had would be addressed. Relatives told us they had access to the manager and one said, "I've never made a complaint but if I had to I would and it would be dealt with". There were arrangements for recording complaints and any actions taken. No complaints had been made in the last twelve months. One person told us, "If we did say we didn't like something it's sorted out straight away".

We saw that people had access to meetings and surveys to share their views. Relatives had direct daily contact with the manager should they wish to discuss any aspects of the service. All of the comments made by people told us that they were confident their concerns would be responded to.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had worked at the service for a number of years. There was a positive and inclusive culture in which people felt able to express their views because people who lived at the home and relatives told us that the manager was in the home daily and they 'knew her well'. We saw she greeted and spoke to each person when she arrived. One person told us, "I can talk to her and complain if I'm not happy, she will sort it out". A relative told us, "I've been asked about likes and dislikes, kept informed and feel if I needed to I could approach the manager". People told us they were involved in meetings to share their views on the service, one person told us, "We have made suggestions like having newspapers, the church visit, and a visiting pet dog, we try and look at the popular options". People told us that their suggestions had been acted upon.

Staff had opportunities to contribute to the running of the service through regular staff meetings and supervisions. Staff meetings were held and staff and records confirmed they had opportunities to discuss how the service could improve for example by developing more personalised care plans. Staff told us they felt the home was well managed. We saw there was a low turnover of staff and a staff member said, "The manager is here every day and we can ask her anything, we have all worked here a long time and know the expectations".

Staff we spoke with had an understanding of their role in reporting poor practice for example where abuse was suspected or regarding staff members conduct. They knew about the whistle blowing process and how to report any concerns. We saw that these processes had been used to ensure poor practice was rectified.

We saw the manager had continued to carry out an annual survey to seek the views of people on the quality of the service. People had been given the opportunity to give their opinions and the manager had acted on what they said. A relative told us, "I filled in a survey but I don't know the results, but I'm quite happy I am asked and can ask if I have any views". The results of the survey had not been analysed or displayed but showed people's experiences of the quality of care were positive. An example given was the planned Christmas celebrations. The manager told us there was an action plan to address the improvements needed as a result of the survey, which included redecoration. We saw that the communal areas had been redecorated and new curtains were in place.

There was a lack of consistency in how well the home was managed and led. Although audits or checks were completed on all aspects of the service these had not highlighted the risks evident within the home. For example the lack of supporting information for people's medicines, harmful chemicals, tools in the garden and equipment that was not fit for purpose. An external light was not working, and the flooring in toilet areas was not sealed to prevent the risk of infection.

Necessary procedures for managing the home had not been consistently applied. For example staff recruitment processes had not been fully applied to include an induction to check their competencies and skill. Not all staff had training in safeguarding and did not understand how to report concerns which could potentially compromise the safety of people. The providers system for calculating staffing levels had not fully taken into account the changing dependency levels of people or the need to include sufficient staffing to support people's social and emotional needs in relation to stimulation, activities or hobbies. We found breaches of regulation in relation to DoLS because the provider had not followed the requirements of the DoLS.

The provider had informed us of notifiable events and understood the requirements for reporting any concerns to the appropriate external agencies. We had not received any negative comments about the service in the last year.

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	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse The provider had failed to ensure that an effective system was in place to prevent people being unnecessarily deprived of their liberty.