Strong Life Care Limited

Earls Lodge Care Home

Inspection report

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place 21 April 2016 and was unannounced. There had not been a previous inspection of the service since the registered provider took over the service in November 2015.

Earls Lodge provides care for up to 50 older people some of whom live with a diagnosis of dementia and all of whom require nursing or personal care. The accommodation is offered over two floors. On the ground floor is the Glenn unit which offers 23 residential EMI (Elderly Mentally Infirm) beds and on the first floor is the Dale unit which offers 27 nursing beds. The home has a secure external garden and patio areas which can be accessed by people who live at the home on the ground floor.

There was no registered manager at the time of the inspection; however there was a manager in post who had applied to become registered with the Care Quality Commission. 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 had a good understanding of how to safeguard people, however there was one person for whom consistent reports had not been made for each incident, which made them vulnerable.

There were current safety checks and certificates in place which showed the building and the environment were safe and well maintained.

Accidents and incidents were recorded appropriately and the manager reviewed each incident and the action taken by staff to ensure this was appropriate and thorough.

There were sufficient numbers of staff on duty to meet people's needs safely and in a timely manner.

Medicines were managed safely. There were regular checks carried out on the storage areas for medicines to make sure they were of the correct temperature to maintain the efficacy of the medicines.

The home was clean and there was personal protective equipment throughout the home for staff to use. The home was pleasantly decorated and presented.

Staff were appropriately trained and skilled to carry out their roles effectively. Staff were well supported by the management team.

There were not always appropriate assessments of people's mental capacity to make their own decisions and people whose liberty was being restricted were not always subject to an authorisation from the local authority to ensure the restriction was being carried out legally

This was a breach of Regulation 13 (5) Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as action had not been taken to ensure assessments had been carried out adequately and applications for Deprivation of Liberty Safeguards had been made in line with the Mental Capacity Act 2005

People had access to a good range of nutritious food and drinks, to maintain their nutrition and hydration needs.

Staff were kind, caring, thoughtful and considerate in their interactions with people. People were treated with dignity and respect and their privacy was maintained.

People who were approaching the end of their lives had detailed care plans which recorded their personal wishes to ensure staff complied with their choices.

Care plans were detailed and person centred. There was evidence care plans were reviewed regularly, although changes were not always made to the care plans to reflect alterations to the support needed. There was leadership and management presence visible throughout the inspection. Staff felt the management team were supportive and approachable.

There were no processes in place to monitor the quality and safety of the service provided to people who lived at the home. There were health and safety checks taking place.

This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the registered provider had not put in place systems to ensure the quality and safety of the service and therefore did not have oversight of the service.

You can see what action we told the provider to take at the back of the full version of the report.

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.

Staff demonstrated a good understanding of safeguarding vulnerable adults; however concerns were not always consistently reported.

There were risk assessments in place and in most cases these showed specific areas of risk, and the measures which had been put in place to minimise those risks.

Medicines were mostly managed safely and people received their medicines in line with the prescriber's instructions.

Is the service effective?

Requires Improvement

The service was not always effective.

Mental capacity assessments were not in place for all people who required them and Deprivation of Liberty Safeguards were not in place in all cases.

There were sections in the care plans which recorded discussions about consent to care being gained, these had not been printed off and signed as the final part of the process.

People had access to a range of healthy and nutritious meals and told us they enjoyed the food they were served.

Is the service caring?

Good

The service was caring.

Staff were kind, considerate and caring in their interactions with people.

People were treated with dignity and respect.

There were detailed care plans in place to show people's wishes for the end of their lives.

Is the service responsive?

Good

The service was responsive.

The care plans were detailed and person centred, with reference to people's likes, dislikes and preferences throughout.

There were planned activities advertised and there was an activities coordinator employed to ensure people were occupied.

There was a policy and procedure in place to deal with complaints and concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There had been very few auditing processes implemented since the change of registered provider.

The daily care records were variable in the level of detail and the daily handover was not detailed in the records we saw.

There was leadership present in the home and staff told us the manager was supportive and accessible.

Earls Lodge Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 April 2016 and was unannounced. The inspection was carried out by two adult social care inspectors and a specialist advisor.

Prior to the inspection we looked at all available information we hold about the service. This included notifications of significant events, feedback from local authority commissioners and other agencies who visit the service.

During the inspection we spoke with the registered provider, the human resources manager, the operations manager, the manager, the deputy manager, the clinical lead, a senior care worker, and six care staff. We also spoke with seven people who used the service and three relatives who were visiting during the inspection.

We reviewed the care records of eight people, the files for four staff and a variety of other documents and records which related to the quality and safety of the care provided. We observed interactions between staff and people who lived at the home, staff assisting people to move whilst using specialist equipment and the service of breakfast and lunch.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us "Oh yes it is really safe. People check and make sure you're okay, which is very satisfying. They keep a close eye on you." A relative told us "I feel (relative) is very safe here, never had any concerns about that."

Staff demonstrated a good understanding of the safeguarding policies and procedures. Staff were able to describe the types of abuse and the process they would follow should they have concerns. Staff were able to give us recent examples of times when they had been concerned and had raised those concerns to the local authority and other health professionals. One member of staff told us "I rang the safeguarding team because I was concerned."

We found these concerns were in relation to one person who used the service who was both vulnerable and posed a safeguarding risk to other people who used the service due to their condition. There was evidence the service had recognised this and had informed the local authority safeguarding team of the risk they posed to others; however they had not reported the vulnerability of the person in their own right. The registered provider and manager had made attempts to gain extra support for the situation, however, this had been unsuccessful.

Staff were aware of and were able to explain the organisation's whistle blowing policy and told us they would not hesitate to raise their concerns if they had any. Staff were aware of other agencies which could be contacted if they felt their concerns had not been dealt with appropriately by the homes' management team.
There were risk assessments in place in most cases these were risk specific and showed the potential risk and the measures which had been put in place the minimise the risk, however we saw some instances where there was inconsistent information recorded which could lead to an increased risk. For example one record showed a person had been evaluated as walking really well independently, yet in another section of their records it was recorded they were using a rotary stand with the assistance of two care workers. We discussed these inconsistencies with the management team who assured us they would check people's care plans and remove any conflicting information.

We looked at the safety records for the home. We saw there were current safety certificates in place for all aspects of the building including their gas appliances, emergency lighting, electrical equipment, legionella and the fire safety systems. We saw there were records showing regular checks were carried out to ensure the fire alarms were fully operational and staff knew the correct procedures to follow. Each person had a personal emergency evacuation plan (PEEP) in place which detailed their mobility status and any other medical conditions which would affect their ability to leave the building in case of an emergency. The plans also detailed what assistance the person would need, how many staff would be required to assist them and the equipment which was to be used.

We looked at the records of accidents and incidents which had taken place in the home. We found there were records which detailed incidents, for instance where a person had fallen. The records were detailed

and had been reviewed by the manager to ensure they were happy that adequate investigation and follow up actions had been taken prior to signing off the form.

We looked at the staffing rotas and found there were sufficient staff on duty to ensure people's needs could be met safely. Staff were busy; however we did not see any evidence that people had to wait for attention when they required it. We observed call bells being answered in a timely manner throughout the day we were in the home. People we spoke with confirmed they were attended to quickly and did not have to 'wait long' for a member of staff to arrive when they called.

We looked at the recruitment processes which were in place. We reviewed the recruitment records for four staff. We saw that in all cases there had been an application, interview and appropriate pre-employment checks had been carried out prior to staff commencing work. There were references which had been gained from previous employers and a disclosure and barring service (DBS) enhanced check carried out, to ensure staff were suitable to work with vulnerable adults.

We reviewed the medicine administration records (MAR) of the people who required nursing care. We found these were mostly filled in correctly, however there were a couple of handwritten charts that only had one signature, where for safety reasons there should have been a second signature to show the charts had been checked and were correct . The MARs did not have photographs to ensure people could be easily identified, we did see that the registered provider had recognised this and there were photographs taken and being put onto the MARs. Allergies or 'No Known Allergy' were not recorded, however we did see that new forms had been put in place ready for the information to be entered.

There were no 'as and when' medicine (PRN) protocols in place. These protocols are necessary to detail what the medicine is for, what the signs may be the person requires the medicine and what the likely change or side effects may be when they take the medicine. There were records of PRN medicines on the electronic system, but this was not yet available in the medicine administration folder. There was no signature specimen sheets for staff that administered medicines on the day of inspection, however this had also been recognised and was being addressed with the addition of newly completed signature sheets evident.

We looked at the treatment room and found there were records of both room and fridge temperatures which were within normal range and were checked daily. We looked at a random selection of five controlled drugs (CDs) we found amounts in stock corresponded with the records in the CD record book.

There were policies and procedures in place for medication management and we saw these were being adhered to. There was also a "Your induction – Medicines Management" for new staff amongst the policies, which was designed to ensure new staff understood the policies and procedures which were in place. We observed the member of staff who was administering medicines on the morning of the inspection and found this was carried out safely and with respect and patience.

We found the home maintained a good standard of cleanliness, however we did note there were some areas where there were crumbs on the floor and tables had not been wiped after meals. There were supplies of personal protective equipment placed around the home, including gloves, aprons and sanitising hand gels to ensure the staff could maintain good levels of hygiene when caring for people.

People we spoke with told us the registered provider had made significant improvements to the décor and furnishings of the home. One relative told us "My (relative) likes to soak in the bath. The bath had been broken for a period. I mentioned it to the new owner and they fixed it straight away, it has meant a lot to (relative) to be able to enjoy their soak again." We spoke with a person who had moved into the home

recently who told us "The toilet in my room doesn't work, there are men in all the time trying to fix it, but it is still broken." We spoke with the manager about this who assured us the problem would be remedied as soon as possible and they were working with contractors to resolve it.

Requires Improvement

Is the service effective?

Our findings

People who lived at the home told us "The girls are all great; they know what they are doing." A relative told us "I would say they are very well trained, they always seem to know what they are doing and they care for (relative) without any complaints from us."

We asked to see the training records for the service. This was difficult as the records of historical training had been removed by the previous registered provider. We did see from the staff files we looked at that staff had undertaken all mandatory training and had all undertaken an induction prior to commencing their roles. The registered provider told us they were in the process of setting up a new training programme, which involved each member of staff having access to 'e-learning' to refresh their training. This would be complimented by the support of an external training provider who would offer nationally recognised qualifications to all staff in a range of subjects to enhance their knowledge and skills. The senior carer we spoke had been at the home for 19 years and told us "I am doing some e-learning training at the moment. The deputy manager is teaching me how to use the computer system which the care plans are stored on, the deputy manager is very good in supporting me."

We spoke to the deputy manager and the clinical lead; that had been in post for one month and 2 weeks respectively. Neither had completed any training in the organisation but were up to date with mandatory training from their previous roles. They were both happy with the support they had received and demonstrated they were keen to improve practices in the home.

We spoke with the manager about the supervision and support of the staff team. The manager told us the records of past supervisions had been taken by the previous registered provider when they sold the home. There was some evidence of a small number of supervision meetings being carried out since the appointment of the manager. The manager told us this was a priority and they would be able to ensure supervisions were carried out a minimum of six times per year for all staff as they now had a full senior staff team in place. Staff appraisals had been discussed at a staff meeting and it had been agreed that appraisals would be postponed to the end of 2016 to allow the new management team time to familiarise themselves with the staff team.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We discussed with the manager how many people were currently subject to a DoLS authorisation. The manager told us they were still in the process of pulling together the information as the previous registered provider had removed some of the necessary information and other information was found to be stored around the home. We reviewed the records of some of the people who used the service and found whilst there was some evidence of mental capacity assessments having been carried out these were not always complete or adequate. We saw there was evidence that some people were subject to DoLS, however this was not consistently the case. We discussed mental capacity assessments and DoLS with the management team at the end of the inspection and impressed upon them the urgency with which this needed to be addressed to ensure people who were being deprived of their liberty were being protected and this was being done lawfully.

This was a breach of Regulation 11 Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
We reviewed the process which was in place to ensure people had been asked for and had given their consent to the care they were receiving. We saw there was a section of the care plan which detailed discussions which had taken place and who had been present at the discussion. These records were stored on the electronic system and were therefore unsigned. We discussed this with the deputy manager who advised there would be a paper based file for each person in addition to the electronic care plans, and the intention was for the consent documents to be printed and signed to show that consent had been gained. We discussed the need for this process to be completed with the management team at the end of the inspection who assured us they would take action to correct this.

We saw people had access to a range of healthy and nutritious food. We observed people being served their breakfast. People were given a choice of a variety of cold and hot breakfast foods. We saw staff offering people more food and checking they had everything we needed. We observed the service of lunch and saw people were again given a choice of meals and staff were attentive in ensuring they had enough to eat and drink. We observed there were drinks dispensers with cold fruit drinks around the home in the various lounges and staff regularly offered people a choice of hot and cold drinks between meal times. People who were independently mobile could access the drinks dispensers freely. People told us they enjoyed the food and were offered more at each meal. A relative told us "(relative) is not a big eater, but enjoys what she has here, the food is very good."

We saw the home had equipment in place to ensure people could be safely moved when they were unable to mobilise independently. We found hoists were being used to assist people with very limited mobility and whilst the practice we observed was safe we were concerned as one sling was being used for more than one person. When using a hoist it is very important the staff use the correct sling which the person has been assessed for by a health professional as this ensures their safety and comfort. We also noted the sling which was in use when closely examined had an odour of urine. This was reported to the deputy manager, who took immediate action to ensure the sling was removed from use for cleaning and staff were using the correct sling for each individual.
We saw in the records kept that people had regular access to a variety of healthcare professionals including GP's, opticians, dentists and specialist nurses to maintain their health and well-being. A relative told us "They are really good, they always notice if they are not well and they contact me and let me know straight away so I can be here when the Dr visits if I want to."

We observed there had been some thought given to the needs of people who were living with dementia, in relation to the presentation of the environment. For example the registered provider had ensured there were strong colour contrasts to assist people to recognise seats for instance, and tables were set with vibrant table cloths to ensure crockery and cutlery was easy to see. There were aides available to people to assist

them to eat independently. The manager told us they had further plans to improve the facilities for people living with dementia, which would include some work to remove the 'echo' from the ground floor unit, which was caused by hard surfaces, more colour and signs to assist people to find their way around reliably without the need for assistance.

Good

Is the service caring?

Our findings

People who used the service told us, "The staff are very good, they care for me." A person who had just arrived at the home told us "So far it seems really pleasant, all the girls are very friendly and welcoming."

We observed a care worker who was concerned that a person was experiencing some pain had alerted the nurse and asked they come to see the person as soon as they were able. The care worker remained with the person whilst they waited the few minutes for the nurse, offering them comfort and reassurance throughout.

We saw interactions between people and the staff who were supporting them were kind, caring, patient and considerate without exception. We saw staff treated people with dignity and respect and whilst there was conversation and some 'banter' this was respectful and appropriate.

Staff were observed to be discreet in their approaches to people in relation to personal care, and spoke quietly to maintain people's privacy and dignity. Staff were careful to ensure they were not overheard when they needed to discuss people who used the service, which showed staff were mindful of maintaining people's confidentiality. A relative told us "(Relative) is a very private person, they don't like anyone going in their room, the staff here respect (relative's) wishes.

Staff were friendly and welcoming to visitors to the home, and clearly knew regular visitors well. Relatives told us "They always make us feel welcome."

We noted there were two people who used the service for whom English was not their first language. Both people had been at the service for a significant time. We asked how staff communicated with these people. The deputy manager told us it was difficult, more so in one case than the other as one person had limited capacity and understanding, which meant staff were reliant on a family member visiting to translate for them. They did ensure this family member was asked to be involved in gaining key information which the staff needed to care for the person effectively. The other person and their family were able to communicate using an online translator. The registered provider had made internet available throughout the building to allow people to access this service and to use other tools via the electronic tablets which were in use in the home to allow them to contact relatives who lived in other countries for instance. This showed the registered provider had made provision for people to maintain relationships which they would otherwise not be able to.

There was clear evidence in the care records we reviewed that people were supported by friends and families who were able to advocate for them when they were unable to make their own decisions or express their wishes. In all cases we reviewed this role was taken by a family member; however the service did have the ability to contact an independent advocate to support people if they did not have family support.

We observed there were people living in the home who were approaching the end of their life. We looked at the care plans which were in place for people's wishes to be carried out at the end of their lives. We found

the care plans were very detailed and written sensitively, there was great detail recorded including where people had made arrangements, for example when they had planned their own funerals or specified an undertaker. This meant staff knew in advance what the person's preferences were as these had been identified and recorded when the person was well enough to communicate them.

The deputy manager told us they had been asked to trial the new End of Life Care Pathway by the MacMillan nurses which they felt was a good indication they were doing well in End of Life Care. We spoke with a Macmillan nurse who was visiting the service who told us they had no concerns with any aspect of the care they had seen. There was a minor concern identified as the do not attempt cardio-pulmonary resuscitation (DNACPR) order which was on file had the person's last address recorded. The deputy manager took action to correct this as soon as the issue was identified.

Good

Is the service responsive?

Our findings

People told us, "I have only recently arrived, I haven't taken part in any activities as yet, but I know they are going on." A relative of a person told us "I have never needed to complain, I know the process though, and it has been explained to us. I would go straight to the manager if I was not happy."

We reviewed the care planning for eight people who lived at the home, some of whom had nursing needs and some of who were living with a diagnosis of dementia. We saw in all cases the care plans had been created using the recently introduced electronic system. The care plans were organised into subject areas, such as personal care, end of life wishes, night care and food and nutrition. There were risk assessments and recording forms also available in the person's record within the system. The system was easily accessible and finding the information was quick and efficient as the icons and titles were user friendly. We saw the care plans were detailed and very person centred in all cases we looked at. There was reference to people's preferences, likes and dislikes throughout the documentation.

The forms which were available in each person's record were dictated by their particular conditions and care needs. Everyone we reviewed had regular weight monitoring to ensure they were maintaining their weight, in some cases there were also forms which recorded blood sugar levels for people who had been diagnosed with diabetes for example.

We saw there were regular reviews carried out of people's care needs, and whilst these were detailed and useful, the care plans were not always updated to reflect the changes. This meant staff would not necessarily see the changes unless they read the review records. We discussed this with the deputy manager who explained the system was still new to staff and they were working to improve the way in which staff recorded any changes.

We noted there was a monthly activity plan displayed on the ground floor of the home. This detailed the planned activities which were to take place. These activities included knitting, music and movement, dominoes, baking and an entertainer who was due the following day. This was related to the celebration of the Queen's 90th birthday, the home had been decorated with union flag bunting in honour of this celebration and people in the home were talking about looking forward to the entertainer.

The home had a full-time activities coordinator who was responsible for the planning and running of the activities within the home. There was an activity file which showed planning was in place for key dates which would mean something to the people who used the service throughout the year including St George's day, Absent friends day and British sandwich week.

We noted there were some people in the home who remained in their rooms. We asked staff about this and they told us this was the person's choice. We reviewed the care plan for one of these people and found this was documented in their care plans. Most of the people who lived in the home congregated in the various lounges and dining rooms at meal times. We saw people chatted happily in the lounges and there was a relaxed atmosphere between people.

People were able to express their individuality in the way in which they furnished their rooms and the way in which they presented themselves. Staff were respectful of people's specific needs, for example one person had a strong desire to be able to watch a particular television show, and staff knew this and ensured they were able to fulfil this need.

Whilst observing the medication round, we saw one of the care staff approached the nurse and asked them to prioritise a resident who was clearly in pain. The nurse completed the task they were doing and within a few minutes attended to the resident. The nurse gave the prescribed medication which included analgesia and applied a topical cream on the painful areas (anti- inflammatory) to promote relief of the discomfort. This demonstrated the staff were observant of people's changing needs and were quick to respond to meet those needs.

We asked to see the complaints and concerns records. The manager told us the records had been removed by the previous registered provider and there had been no complaints received since the new registered provider had taken over the home. We saw there had been one compliment received since this time which was from the family of a person who had been to the home for short term respite care, who wanted to thank the staff for the care they had provided.

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager at the time of the inspection. There was however a manager in post who was in the process of registering with the Care Quality Commission. We asked the manager what support they had received since they had been appointed; they described comprehensive support from the senior management team, including the operations manager, the managing director and the human resources manager.

Staff we spoke with told us the manager was very visible within the service and they reported the manager to be approachable and supportive. Staff also told us the senior management team were regular visitors to the home and offered support to the staff team.

People told us there had been a lot of changes since the new registered provider had taken over the home in late 2015. People told us these changes were positive and had mainly been around the décor and the furnishing of the home. A relative told us "The home has changed a lot, and recently all for the better. The décor is much nicer now, it is bright and pleasant and there are good contrasts in colour so people can see where the chairs are."

The manager shared with us the action plan they had created since they had been in post. This was a comprehensive document which showed the identified issue, the planned action and the timescale for the action to be completed. There was evidence progress had been made against the action plan throughout the home.

The manager was passionate and enthusiastic in telling us of the improvements they were making. They described to us how they were replacing plastic cups and plates, purchasing new table linen, sourcing aides which were specifically designed to help people who were living with a diagnosis of dementia, and improving the standards of deep cleaning within the catering facilities.

The registered provider told us they had been disadvantaged by the previous provider taking information and historical records when they left the home, as this had made it difficult for the team to ensure they had an accurate picture of each person's circumstances and needs. Staff we spoke with and relatives confirmed the previous owners had removed all documentation when they left.

There was clear management presence and leadership on multiple levels observed during the inspection. The manager was evident throughout the day, the deputy manager was observed offering guidance and support to the staff team and the clinical lead and senior care workers were equally clear about their own roles and the expectations they had for the care workers who were on duty.

Staff told us they felt the atmosphere and working conditions had improved over the past few months and they were happy with their roles and optimistic for the future improvements.

We looked at records which were kept in the home. Daily records were captured electronically and were

variable in their detail and quality from our observations. We discussed this with the management team and they assured us this would improve immediately as they had now obtained electronic tablets for the staff to use, which meant they could update daily records in real time as they could use the tablets anywhere and would not need to visit the office to make an entry.

The policies and procedures which were in place covered the key areas, for example safeguarding and management of medicines. Some of the other policies were still in the process of being updated as the other homes in the registered providers group did not offer nursing care, and the policies needed to be updated to ensure this was reflected. We saw evidence this work was in progress and would be completed in the next few months.

We asked to see the auditing which had taken place to look at the quality and safety of the service and to ensure the registered provider had oversight of the service being delivered. There was evidence of health and safety audits which included fire systems, mattress checks and water temperature checks. The manager told us all other audits had been removed by the previous owners. This was also the case for quality assurance checks which had been carried out historically.

We discussed the lack of auditing with the management team at the inspection and impressed upon them the urgency of setting up auditing systems and ensuring these were commenced and maintained to identify issues and monitor quality and safety.

The lack of auditing processes was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there had been limited systems put in place to ensure the quality and safety of the service and the quality and content of the daily records was not consistent and would not allow the reader to gain insight into the care which had been delivered or the person's presentation.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were being deprived of their liberty without the protection of a Deprivation of Liberty Safeguard to ensure this was being carried out legally and in their best interests.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not set up processes and systems to monitor the quality and safety of the service they were providing.