

Seth Homes Limited

Stoneacre Lodge Residential 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

About the service

Stoneacre Lodge is a care home situated in Dunsville, Doncaster. The care home is registered to accommodate up to 31 people in one adapted building. The service is provided by Seth Homes Limited. At the time of the inspection the home was providing residential care for 19 people.

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

Improvements had been made and were ongoing, in how people's safety needs were assessed and managed. However, appropriate checks were not fully completed for people who applied to work at the home. Also, people were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider had an ongoing action plan that confirmed what action had been completed to make improvements with targets for future work. The inspection found improvements and the breaches in legal requirements from the last inspection had been met. However, improvements had been slow, and a further two breaches of regulation were found at this inspection. It was clear more time was required for further improvements to be made and those developed, to fully be embedded and sustained.

People told us they liked living at Stoneacre Lodge however, felt there were sometimes not enough staff to meet all their needs. Staff, although compassionate, kind and caring were under pressure to meet people's physical needs and were less able to meet their emotional needs.

Staff recognised the importance of promoting equality and diversity. Staff also maintained people's privacy and dignity when providing personal care and support. Staff training had improved, and staff morale was generally positive. Staff felt well supported by the management team.

People told us they felt safe. The registered manager and staff understood their safeguarding responsibilities to protect people from avoidable harm. People told us their medicines were managed safely. We found medicines were ordered, received, stored, administered and disposed of safely.

People's needs, and choices were assessed. Care plans had been reviewed and updated to reflect the current needs of people who used the service. Information seen in care plans helped to ensure people's individual needs and wishes were being maintained. There was a limited activity programme available to people. People told us they would like more activities, outings or one to one time with staff. People who used the service knew how to make a complaint. There was a complaints procedure and we saw a system was in place to log any complaints received.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 September 2018) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last five consecutive inspections. We will describe what we will do about the repeat requires improvement in the follow up section below.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvement. We have identified breaches in regulation for staff recruitment procedures and safeguarding people from abuse and improper treatment. Please see the relevant key question sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Stoneacre Lodge Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Stoneacre Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the service's current registration status and other notifications the registered person is required to tell us about.

Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We obtained the views of professionals who may have visited the home, such as service commissioners and Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, administrator, a senior care worker, care workers, the activity worker and the cook. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Effective recruitment systems were not in place. We found some staff files had gaps. The three staff files seen, from staff most recently appointed, did not have full employment history recorded. The providers application form only asked for their last/current employer details. Full employment history was recorded for some staff but only when they had completed a (Curriculum Vitae) CV as part of their recruitment.

This was a breach of regulation 19, (Fit and proper persons employed), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's views about if there were enough staff on duty differed. Their comments included, "Sometimes there doesn't seem to be, there's the odd time when they're short of a pair of hands," "Yes, I think so, they're [staff] all good and good at night time," and "It's very badly staffed here, I don't know why I came, I'm much better looked after at home."
- The registered manager used a 'staff dependency tool' to work out the number of staff needed on each shift in order to meet the needs of people. The staff rota showed there were some days when staffing levels fell below the number identified on the dependency tool.
- Staff we spoke with said there were days when they were rushed and not able to spend quality time with people but for most days they were able to carry out their duties sufficiently and meet the needs of people.
- The provider told us they were closely monitoring staffing numbers to ensure they were adequate. They also said the deputy manager's hours were not included on the dependency tool so when necessary these hours were used to provide care.

Systems and processes to safeguard people from the risk of abuse

- People who lived in the home told us they felt safe in the care of the staff. Their comments included, "Yes, because of the attention you get, you're not left alone that long, someone's always coming in to see if you want anything," "Yes, everything's just done right, I just feel safe, I'm happy," and "I'm not frightened of anything, put it that way."
- Prior to our inspection, we were aware of action the management team had taken when safeguarding allegations or suspicions had been identified or reported. The management team had worked with external agencies to investigate safeguarding concerns and used their staff disciplinary procedures when required.
- Staff knew how to recognise and protect people from the risk of abuse and avoidable harm. Staff had received safeguarding training and had access to the provider's policies and procedures.

Assessing risk, safety monitoring and management

- The provider had systems in place to identify risks relating to people's care. People had a range of risk assessments for different areas of their care such as falls, skin integrity and use of bed rails. Risk assessments were updated to reflect changes to people's needs.
- Systems were in place to ensure fire safety was monitored. Records showed staff received fire safety awareness training and fire evacuation procedures were practiced.
- When we looked around the home we found many doors were slamming closed with force. This posed a risk to people's health and safety. We asked the provider to rectify this issue immediately and this was completed.

Using medicines safely

- People told us they received their medicines at regular times. Comments included, "They [staff] bring me them before I go to sleep, they're pretty good with that," and, "Yes, they give me tablets, as far as I know I get them at the right time."
- We saw a staff member support a person with their medicines and best practice was followed such as remaining with the person until the person had taken their medicine.
- Since the last inspection a new pharmacy was being used. Staff told us the system in place was much improved and easier to follow and audit.
- Records showed staff had received medicines training. There was a system to observe staff and assess their competency when they supported people with their medicines, these observations had been completed.

Preventing and controlling infection

- There was an infection control policy in place and staff understood their responsibility to maintain the cleanliness of the service.
- People and their relatives did not raise concerns about the cleanliness of the service. Their comments included, "Yes, they keep the home clean, it's very nice," and "Yes it's always clean and they've done a lot of decorating recently."
- Staff told us they had access to personal protective equipment such as gloves and aprons. We saw this readily available at various points throughout the home and staff using them where appropriate.

Learning lessons when things go wrong

- The provider looked to make improvements where things had not gone as planned. They shared examples of incidents where action was taken to reduce the risk of the same thing happening again.
- Action was taken to learn from incidents. Improvements had been made to the incident forms. Information recorded was more detailed and enabled better analysis to understand and consider themes and patterns, allowing senior managers to review and have oversight of the frequency and type of incident and the action of staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was not working within the principles of the MCA and people's choices and rights were not promoted as far as possible.
- The communal area of the home had a lounge and dining area where most people spent their day. Either side of this area was locked by a keypad. This meant people could not move from this area without asking for staff assistance. Staff told us people would ask to leave this area, but for their own safety they were encouraged to stay.
- One person told us they were unhappy that they could not leave this area and take themselves to the toilet, however the person's care plan stated they needed the assistance of staff to go to the toilet. During our observations we saw staff did assist people to the toilet when requested.
- Some people had DoLS authorisations in place, because their movement around the home was being restricted. The registered manager told us everyone living in the home had limited capacity and were able to make some decisions for themselves but needed support to make other decisions.
- In care plans we saw mental capacity assessments had been completed, and stated best interest meetings were needed, but these had not been held. This meant restrictions to people's freedom of movement had not always been thought out and a decision made in their best interest.
- Staff showed some understanding of the MCA however, could not tell us who had a DoLS authorisation or application in place and why.

This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our last inspection staff were not provided with appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staff were positive about the training they had received and told us support had also improved. A staff member said, "In addition to the mandatory training, we've now been offered additional training courses in such things as care planning, diabetes, end of life care and risk assessments. We've all chosen subjects we're particularly interested in and hopefully we'll become 'champions' in these areas."
- Staff said they were well supported by the management team and had received their annual appraisal.
- Although staff met regularly with the registered manager for discussions and support, this wasn't always recorded. The registered manager assured us future supervision sessions would be formally recorded to meet the requirements of the providers supervision policy.

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

- People's needs, and preferences had been assessed before they moved into the home. This enabled the registered manager to make an informed decision as to whether the service could meet each person's individual needs.
- Assessments were reflective of the Equality Act 2010 as they considered people's protected characteristics. For example, people were asked about any religious or cultural needs.
- Information gathered from these assessments were used to develop individual care plans in line with current best practice guidelines.

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

- People told us they were happy with the choice of meals and drinks and care records confirmed people had enough to eat and drink.
- When asked about the meals provided people told us, "It's very nice, if you don't like it they find you something that you do like," "It's not bad, they come around and see what you want," and "The food's fine, meals are very nice."
- We observed part of the breakfast and lunchtime meal. People's dining experience differed. Some people received lots of assistance and attention, whilst others were left to manage alone. When one person said they weren't hungry because they had eaten a late breakfast, staff suggested a light snack, which the person ate and enjoyed. However, another person said, "This is awful, I can't eat this," and hardly ate anything, but this person wasn't offered anything else. We discussed these issues with the registered manager who told us they were implementing observations, so the dining experience could be monitored and improved.

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

- People had access to healthcare professionals and professionals told us staff were competent and able to identify the need for professional input. A visiting healthcare professional told us, "Everything here is wonderful, the staff are extremely good with people, it could do with a lick of paint but that doesn't matter, when we visit staff always come and assist us. Staff appear well trained and the atmosphere is always good. Sometimes we see staff are stressed due to pressures of work."
- There was evidence of people seeing the GP, dentist, optician, community psychiatric nurse and care

records included evidence of health and social care appointments. One person told us, "It's no problem getting to see people, I saw the chiropodist on Monday, you're well looked after here."

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

- Since the last inspection, there had been some changes made to the environment to make it more dementia friendly. There was picture signage to communal toilets and bedrooms to promote independence. Coloured bedroom doors and some contrasting coloured handrail, helped to familiarise people when moving around the home.
- People's bedrooms were varying in size and were personalised to their individual tastes and needs. People told us they liked their bedrooms and were encouraged to have their own possessions around them, which was important to them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had a kind and caring approach and a good rapport with people and knew about people's personal histories.
- We observed good interactions between care workers and people who used the service. Kitchen and ancillary staff also had a particularly good rapport with people and took time out to speak and acknowledge people and their relatives.
- People told us, "The staff are kind to me, they say I'm easy to get on with, and "They [staff] are really caring. When I've been ill, they've been very patient."
- People told us staff respected their privacy and dignity. One person said, "You're only going to get a decent bath or shower if you strip off, so be it. They're very kind, don't make a song or dance about anything. They wheel me down and I have my clothes on to go down and come back."
- Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, respecting people's spiritual needs or choices and the gender of the staff member providing their personal care.
- Staff had received training in equality and diversity and explained how they used this knowledge to reduce any possible barriers to care.

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

- We observed staff seek consent when offering to provide support with personal care. For example, staff asked, "Would you like a shower?" and "Are you comfortable. Would you prefer to sit somewhere else?"
- Where appropriate, people's relatives were involved in making decisions about their care. One relative told us, "I was involved in their move here and the support they need."
- Advocacy information was also available if required.

Respecting and promoting people's privacy, dignity and independence

- People said staff supported them well with their independence and personal care needs. One person said, "They [staff] always check to see if I've used the commode, but I go to the bathroom as there's enough handrails."
- People were supported to maintain relationships with those that mattered to them. Relatives told us they felt welcome to visit their family members at any time. Visitors were greeted in a friendly way by staff. Private areas were available for people to spend time together when needed or requested.
- The provider and registered manager ensured they maintained their responsibilities in line with the

General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan. Care plans were signed to confirm they had been reviewed and updated each month.
- People received personalised care and support, specific to their individual diverse needs and preferences. Improvements had been made and were ongoing, in how people's care plans were updated to ensure staff had correct and up to date guidance.
- People and relatives told us staff knew people well. One relative told us, "I can see a big difference in [relative] since their admission. They have put on weight. They're given medicine on time and good food which has all contributed to them having improved health. When [name] became ill staff acted quickly and got the GP for diagnosis and treatment. Staff know them well enough to know when they are becoming ill and they get professionals in. The pressure sore they had for a long time is now healed and staff have introduced things into [names] diet around healthy eating to help skin integrity."
- Staff we spoke with told us about people in a person-centred way and knew people's likes and dislikes as well as their personal routines.

Meeting people's communication needs

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

- The provider understood people's information and communication needs. These were identified, recorded and highlighted in care plans.
- Information such as the service user guide and complaints policy were provided in large print to make them easier to read.
- The provider had an accessible web site where people could expand the information to read more easily. There was also a pictorial information booklet for people and an accessible computer with a large, easy to handle mouse and monitor.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received some opportunities to pursue activities, interests and hobbies. However, some people told us they were sometimes bored and would like to do more. Comments included, "We have bingo, they don't have much going on," and "'I do as many crosswords as I can and puzzles, because there's no activities here."

- There was an activity worker employed for 10 hours per week. There were no planned activities on the day of the inspection as the activity worker was working as a kitchen assistant. However, staff were seen spending time with people in communal areas, taking time to engage people in conversation. People were seen enjoying the company of staff and chatting about their families, the news and their plans for the day. Also, when personal care was provided staff took their time with people and used this time to give one to one support and person centred care.
- There was an 'activity' noticeboard in the entrance area showing a four-week timetable. Activities listed included, daily discussion, pamper day, music, bingo/groups, outside visiting, flower arranging, films/DVDs, memories and musical chair movement.
- The activity worker told us, "I sort of have a timetable, but I see how people are feeling. I mostly do bingo on Mondays, but it depends. I do nail care and sit and talk spending some one to one time with people in their rooms.
- Some outside entertainment was also brought in such as, Punch and Judy show, school choir, reptile show and singers. However, there had been no planned trips outside the home. People told us they relied on their relatives to take them out for such things as shopping and lunch.
- There was an enclosed garden area which staff told us was rarely used as staffing numbers didn't allow for people to be observed when out in the gardens. The provider told us they were actively trying to recruit more activity hours so that a wider range of activities could be made available.

Improving care quality in response to complaints or concerns

- There were systems in place to record and respond to complaints following a complaints procedure. The procedure was displayed in the home and a copy was shared with people and their representatives.
- The complaint log showed seven complaints had been received in 2019. Five were low level concerns that were dealt with and resolved immediately. Two required further investigation, but had then been resolved, within the agreed timescales.
- Most people and relatives told us they were happy with the care and support they received and they spoke with the registered manager if they had any concerns. One person told us, "I can go to anyone who's on duty, no problem."

End of life care and support

- At the time of the inspection two people were receiving end of life care. We saw they were regularly attended to by staff and looked clean and comfortable in bed.
- People's preferences and wishes for end of life care were recorded in their advanced care plan so staff could be sure people were supported in the way they wanted.
- The registered manager explained as a person reached the end of their life, the service liaised with other healthcare professionals to ensure people received the right care and support. We saw evidence of this.
- Staff had completed end of life training. Some staff had chosen to do an additional long-distance training course in end of life care, so they could become 'champions' in this and pass on their knowledge to other staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

At our last inspection systems or processes did not operate effectively to assess, monitor and improve the quality and safety of the service and mitigate risks to the health, safety and welfare of people. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Improvements had been made to the monitoring systems and the provider was no longer in breach of this regulation. However, we found these required further improvements to ensure all aspects of the services were monitored.
- Since the last inspection, the systems in place to check the quality of the service including reviewing care plans, incidents and accidents, medicines, safeguarding, maintenance, room audits and health and safety were in place and mostly effective. These needed to be sustained and embedded in practice.
- The provider also confirmed they were reviewing and updating all policies and procedures that were already in place to ensure consistency.
- Staff reported improvements had been made to support them to understand their roles and responsibilities and new staff told us they felt well supported.
- Where the provider's and registered managers checks had identified areas for improvement, there was an action plan in place showing how and when action would be taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us they could speak to the registered manager. Their comments included, "I've talked to [manager], she's alright," and "Yes, [manager] is alright, she'll come in maybe twice a day."
- People and their relatives received opportunities to share their experience about the service. A person told us they felt involved and consulted. People were invited to feedback by either an annual quality assurance survey or during review meetings. However, relative and resident meetings were infrequent, and people told

us they would like these to be more frequent.

- Staff also received opportunities to be involved in the development of the service, via staff handover meetings, informal supervision, quality assurance surveys and appraisals. However, staff also said they would like meetings to be more frequent.
- The provider and registered manager worked with other healthcare professionals and local organisations to enhance the support people received. A healthcare professional told us, "We do some preventative work for example, checking staff are turning people and applying protective creams. I have no worries about the staff do exactly what they are asked to. We're listened to and our advice is taken. There is good communication between us and the managers and staff team."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- When incidents occurred, the provider and registered manager ensured relevant external agencies and families were informed in line with the duty of candour.
- Improvements at the service have been slow. However, the provider and management team have showed continued commitment in engaging with external professionals and commissioners to make the required improvements. This has included reviewing and improving the audits and checks completed on quality and safety and how incidents were recorded.
- The provider had met their registration regulatory requirements of notifying CQC of certain events when they happen. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

Working in partnership with others

- Staff working at Stoneacre Lodge were aware of the importance of working with other agencies and welcomed their input and advice.
- People were supported by a range of professionals and the staff team consistently worked closely with these to ensure all aspects of a person's life was recognised as being important.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Where a person lacked the capacity to consent to treatment and care a best interest process, in accordance with the Mental Capacity Act 2005 was not always followed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who used the service and others were not protected against the risks associated with unsafe staff recruitment and selection procedures.