Networking Care Partnerships (South West) Limited

Trianon

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?	Good

Overall summary

The inspection took place on 28 October and 10 November 2015 and was unannounced. The service was previously inspected on 9 December 2013 when it was found to be compliant.

Trianon provides accommodation with personal care for up to six people over the age of 18 who have a diagnosis of learning disabilities and physical disabilities. The home is made up of two semi-detached bungalows which have been combined into one. All bedrooms are en-suite and for single occupancy. The home is staffed 24 hours a day.

At the time of the inspection, six people had lived at the home for a number of years. People had very complex needs and communication difficulties associated with their learning and physical disabilities. Because of this, we were only able to have very limited conversations with one person about their experiences. We therefore used our observations of care and our discussions with staff to help inform our judgements.

The home had a manager who had been registered with the Care Quality Commission since September 2015. The registered manager was also the registered manager of

Summary of findings

another nearby home in Exmouth owned by Networking Care Partnerships (Southwest) Limited. He said he divided his time equally between the two homes. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers and nominated individuals, 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. The registered manager had a clear vision for the home and the people who lived there. He described how he and the staff were committed to ensuring people had a positive experience living at Trianon.

People's needs and risks were assessed and care plans were developed to support them to be as independent as possible. There were some gaps in some risk assessments, however the staff knew people very well and were able to describe the care they required fully. Daily notes reflected the care described in the care plan.

The service provided to people living at Trianon was delivered by a team of staff, who had been trained to support people with learning disabilities and who had in-depth knowledge of people's needs and aspirations. Staff were supported to undertake training to help them in their role and received regular supervision.

Staff were recruited safely with checks carried out before a new member of staff started working at the home. Staff undertook an induction, including training and shadowing experienced staff until they were assessed as able and confident enough to work with people on their own.

People appeared relaxed and happy with staff who were kind and friendly. People were offered a choice of activities both in the home and in the community and chose what they wanted to do each day. These activities included hydrotherapy sessions, visits to friends, pampering and massage sessions. Staff were able to describe how people communicated with them and recognised simple movements and facial expressions when people wanted or did not want something.

Staff were aware of the importance of people's rights to remain as independent as possible and supported them to with as few restrictions as possible. Staff had received training on the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards (DoLS). However, there was no evidence that they had followed the guidance. On the first day of our inspection we found there were no applications for DoLS authorisations for any of the people living at the home. By the second day of inspection, the registered manager had contacted the DoLS team and, on their advice, had submitted applications for all the people living at Trianon.

Medicines were stored in people's bedrooms in secure cabinets. All medicines were administered and recorded safely by staff who had received training in medicine administration. Audits of medicines were undertaken internally and a new medicines audit was being introduced.

People were supported to have their health needs met by health and social care professionals, including their GP and dentist. However there was evidence in care records of missed appointments for some people. The registered manager said that as part of the review of people's care records, they would be undertaking a review of health professional involvement and following up any appointments which had been missed. People were supported to have a healthy balanced diet.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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

The service was mostly safe but not all the risks related to people's health and well-being had been identified.

People appeared happy and relaxed with staff who were able to describe the current risks and needs of each person. Care was delivered by staff who knew each person well.

There were sufficient staff, most of who had worked at Trianon for a number of years. Staff who were new to the home were supported to get to know people before they worked on their own with them. Staff had been recruited safely.

Staff were able to describe types of abuse and knew what they should do if they identified any concerns.

People's medicines were stored, administered, recorded and managed safely.

Is the service effective?

Requires improvement

The service was largely effective, however there was no evidence people's capacity had been assessed to make particular decisions. There was also no evidence of any best interest decisions being made.

The registered manager and staff had had training on the Mental Capacity Act (2005). However, they had not applied the knowledge in practice as applications for Deprivation of Liberty Safeguards (DoLS) authorisations had not been made prior to the inspection. By the second day of inspection, DoLS applications had been submitted for everyone living at Trianon where they did not have capacity and their freedom was restricted.

The staff addressed people's other health needs by working with health and social care professionals. However there had been some missed appointments for people in the past year with a number of different health providers.

Staff were knowledgeable, skilled and delivered care in a safe and supportive way. People were supported by staff who were able to communicate with them using both verbal and non-verbal communication.

Staff undertook relevant training, including nationally recognised qualifications, to ensure they had the relevant knowledge and skills to deliver care.

Staff were supported through regular supervision and appraisals to reflect on their work and had opportunities to feedback about how this was going.

Is the service caring?

Good

The service was caring.

Summary of findings

Staff showed compassion and respect when working with people. Throughout the inspection, people and staff communicated in a happy and friendly way with each other using a range of verbal and non-verbal communication methods.

People were supported to make decisions about their care including choosing to meet with friends and what activities they did.

People's privacy was respected by staff who worked with them to ensure they were aware of the choices they could make.

Is the service responsive?

Good

The service was responsive.

People received personalised care which met their needs. Staff took into consideration information from health professionals about how to support their needs.

People were able to contribute to decisions about their care in a number of different ways. This included care workers discussing and offering options for the person to make a choice.

There was a complaints policy and procedure. However staff recognised that people would not be able to follow this by themselves so staff worked with people individually to identify any concerns they had.

Is the service well-led?

Good

The service was well-led

Regular checks and audits were carried out to monitor the quality of the service. Where improvements were required, these had been actioned.

Staff said they felt supported by the registered manager and were encouraged to work as a team.

There were systems in place to ensure that incidents, accidents and complaints were investigated and acted on.

Trianon

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 was undertaken by one inspector on 28 October and 10 November 2015 and was unannounced.

Before the inspection, we reviewed information we held on our systems. This included the statutory notifications submitted to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR) which had been submitted to the Care Quality Commission in September 2015.

At the time of this inspection there were six people living at the home. Most people were unable to tell us about their experiences directly due to communication difficulties but one was able to have limited conversations with us. Therefore we spent time observing how staff interacted with people.

We talked with the registered manager and three care staff. After the inspection we contacted five health and social care professionals who worked with people at Trianon and received a response from one of them. We contacted and spoke with the Deprivation of Liberty Safeguards (DoLS) team. We also spoke with a relative of one person living at Trianon.

We looked at a sample of records relating to the running of the home and to the care of people. This included three people's care records, including their risk assessments and care plan. We reviewed one person's medicine records. We also reviewed two staff records. We were shown records which related to the running of the home, including staff rotas, training records, incidents and accident records and quality monitoring audits.

Requires improvement

Is the service safe?

Our findings

All the people living at Trianon had little or no verbal communication. We therefore spent some time observing people in different parts of the home, including a lounge, people's bedrooms and an outside area. Throughout our observations we saw most people appeared relaxed and happy, interacting with staff in a positive manner. Where one person appeared distressed, staff showed an in-depth knowledge of the person and supported them by giving them space and time to calm down. Staff regularly checked the person to ensure they were safe and did not require their support. A relative said the service was "good."

Not all the risks related to people's health and well-being had been identified. For example in one part of a person's care record, there was information about the person having an eye condition. However, there was no assessment of the risks associated with this condition or any care plan to inform staff about how to support the person. However, when we spoke with staff they were able to describe the condition and how they helped support the person with it.

People's risks and needs had been assessed when they first started living at the home, but these had not always been reviewed and updated when a change in the risks to a person's safety and well-being had taken place. For example there was some information in a person's care record which indicated the person had been reviewed by a speech and language therapist, but these changes had not been updated in the risk assessment and care plan.

Another person had been assessed by a speech and language therapist as at risk of choking. There was detailed information about how the person should be supported during mealtimes and what they could eat. In the care plan there was conflicting information which described the person needing all food to be pureed, but in the same document it described that the person could eat 'bite-sized pieces'. However, two staff described how they prepared food for the person which they said they "always pureed".

The registered manager said they were in the process of changing the risk assessments and care plans to a new format. They added that as part of that change they would be reviewing the information held in the care records to ensure that it covered each person's risks and needs.

Staff were able to describe the risks for each person and how they would support them to reduce the risks. For example staff described how they supported one person to eat and drink. During lunchtime we observed staff following the guidance ensuring that the person had sufficient time to swallow their mouthful before being offered another sip.

Another person had been assessed as needing two staff using a hoist to help them move from their bed to their wheelchair. Staff were able to explain how they managed the transfer and we observed them doing this in a safe manner.

People's risk assessments supported them to minimise the restrictions on their freedom and choice. For example, there was information about one person who enjoyed spending time outside. Staff enabled them to move freely outdoors during the day when they wanted to.

People were protected from the risk of abuse and avoidable harm as staff had an understanding of safeguarding vulnerable adults. Staff had received training in safeguarding vulnerable adults and were able to explain how they would put this into practice to support people, if necessary. Staff were able to describe the types of abuse and how to keep people safe. Where safeguarding concerns had been identified, appropriate actions had taken place to address the concerns and reduce the risk of a reoccurrence. These actions included alerting the local authority safeguarding team, the Care Quality Commission and ensuring that family members were also notified.

There were sufficient staff on duty to enable people to undertake individual and group activities of their choice. During the inspection, one person was supported by a member of staff to attend an appointment in Exeter. Staff took time to work with people individually in a relaxed and unhurried manner. Two staff worked together to transfer the person from their bed to a wheelchair, explaining to the person what they were doing to ensure the person was aware of what was happening at all times. Staff spent time chatting to another person discussing what they wanted to do and offering ideas for activities they might enjoy. Staff felt they were able to support people without rushing.

A health professional commented "Unfortunately, due to regular poor staffing levels and basic levels of standard equipment which does not necessary meet the complex needs of their clients, delivery of therapy can be difficult and it has been noted previously that the clients are spending increased time in bed." However, staff described

Requires improvement

Is the service safe?

how some people chose to stay in their room. During the inspection, one person said they did not want to get up. Other people stayed up all day and some people spent some time in their bed and some time in communal parts of the home. Daily notes showed that people spent time in communal areas as well as going out from the home.

People's medicines were stored in locked cabinets in their bedroom, although the medicines were administered and recorded by staff. There were systems in place to monitor stocks of medicines and the remaining balance was recorded after medicines were given. However, creams and liquid medicines did not show when they had been opened and when they would expire after being opened. The registered manager said he would introduce a labelling system to ensure they were used in a safe way.

Staff were expected to undertake medicine administration training which was updated every year. However the registered manager provided a list of outstanding training dated 30 July 2015 which showed less than half the staff were up to date with the training. The registered manager said the figures had improved between the date of the report and the date of the inspection. Staff were able to describe the process they followed when giving medicines to people. There was a process for ensuring that where a medicine administration error occurred, this was investigated and appropriate action taken, including reassessing staff competency.

The provider had implemented a new system for accident and incident reports in 2015 which allowed them to analyse whether there were any trends or patterns to the events. The registered manager described how this would be used to learn and consider how to reduce the risk of such events occurring in the future.

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 provides the legal framework to assess people's capacity to make certain decisions at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. On the first day of inspection, there was no evidence that people's capacity to made particular decisions had been assessed. There were no records of best interest meetings being held or best interest decisions made for people without capacity.

However staff were able to describe where people were able to make choices for example whether they wanted to wear perfume that day. We observed staff supporting people to make decisions about what they wanted to do, such as whether to go out or not. A relative said they were consulted about the person's care and were involved in decisions.

Where people are deemed to not have capacity to make a decision about a particular issue, it is necessary to consider whether they are being deprived of their liberty in relation to the issue. If this is found to be the case, an application for a Deprivation of Liberty Safeguards (DoLS) authorisation must be made. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

On the first day of our inspection, there was no mention of DoLS applications being made in people's assessed needs. A visiting health professional had raised a concern about one person's capacity in November 2014 and had made a recommendation that consideration of a DoLS application should be made. However, staff had not followed this up.

We discussed with the registered manager whether applications had been made for any of the people living at Trianon. He confirmed that none had been submitted, although he said that all the people living at Trianon were subject to 24 hour supervision.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of inspection, the registered manager said they had contacted the local authority's DoLS team and they had been advised to submit applications for each of the people in Trianon. The DoLS team confirmed they had received applications from Trianon and these were being processed.

Staff supported people to have as much freedom as possible and considered ways to keep restrictions to a minimum. People were supported to move around the home and also to spend time on their own in their bedrooms. Staff supported one person to move in and out of the house when they wanted. However people were not free to go out of the grounds of the unit without staff accompanying them.

People's consent was sought before any care was given and staff respected people's wishes if they did not want to receive care at a particular time. Staff knocked on people's bedroom doors before entering the room and spent time asking them what they wanted to do before helping them.

Some people had had appointments with health services which they had not kept. In one case this had led to them being discharged by the service as they had not attended. For example, one person's care record showed they had been discharged from a physiotherapy service in relation to a wheelchair assessment in September 2015, as they had not attended appointments that were offered. There was also a letter in the person's file offering an appointment for breast screening, but there was no evidence that any action had been taken to discuss with their GP how they might be supported to have breast screening or that the breast screening appointment had been cancelled. Records also showed the person had missed an appointment with a dietician.

The registered manager acknowledged that there had been some appointments that had been missed for people, prior to his taking over the management. He said there had not been systems in place to ensure that appointments for people were noted and attended. He said that they were undertaking a review of all the people's care records and had implemented a diary system to ensure that actions were taken to address this. People's other physical and mental health needs were addressed by staff working with health professionals including their GP, dentist, and the local hospital and a chiropodist. Records showed details of appointments with the person's GP, community nurses and their dentist. There was a record of concern about one

Is the service effective?

person's weight and a referral to a dietician who had provided advice. The advice had stated that the person should be weighed regularly to check for weight changes. However there were no regular weight checks carried out following the advice. We discussed this with the registered manager who said they did not have the right equipment to weigh people who were not able to stand unsupported. They said they were in the process of arranging for suitable scales to be installed at Trianon.

People were supported by staff who had the knowledge and skills needed to carry out their roles and responsibilities. Staff received an induction when they first started working at the home. This included mandatory training in core areas including fire awareness, health and safety, safeguarding people, code of conduct, record keeping, communication, food hygiene, diet and nutrition, autism awareness, risk assessment and the Mental Capacity Act. New staff also worked alongside more experienced staff during their induction to ensure they got to know people before they started working with them on their own. Records showed that new staff had completed their induction.

Staff also undertook training courses to support their understanding of working with people, for example training in administering medicines, epilepsy, managing challenging behaviour including using safe holds, moving and handling and using hoists.

Staff were able to undertake nationally recognised qualifications in relevant subjects. Records showed six staff had completed a level 2 or level 3 qualification, another member of staff was currently undertaking a qualification and four others were waiting to start.

A health professional commented that staff were "…keen to learn. They have been proactive in working with us to arrange specialist training regarding postural management and handling considering their complex clients. They are open to changes in therapy and always ask relevant questions maintaining a person centred approach. They know their clients well and we are able to work jointly to ensure effective programmes are put into place."

Staff received regular supervision. Staff were expected to have a supervision every quarter and the registered manager said that they had now completed 50% of supervisions. Staff said they felt supported by the registered manager and senior staff and were able to address any concerns they had quickly. Records showed minutes of two team meetings which had been restarted since the registered manager had come into post. The minutes of the meeting in September 2015 described how staff had discussed medicines, safeguarding, record keeping, rotas and training as well as feedback from the registered manager on the new accident and incident reporting system.

Staff communicated with people used a variety of methods including non-verbal techniques. Staff described how one person's communicated with them using some hand signals to indicate whether they needed support or wished to be left alone. We observed the person making a hand movement as staff had described. Staff had supported some people to use tablet computers to aid communication. Staff described how people found this equipment easier to use when it was projected against a wall. They said that because of this, a second lounge was being refurbished so that it could be used as a 'cinema room' to enhance the projected image.

Meals included fresh ingredients and people were supported by staff to select the menu. People were encouraged to eat healthily and have drinks throughout the day. People who were at risk of choking had been assessed by a speech and language therapist (SALT). Staff were observed ensuring that the advice given was followed, for example thickening drinks and pureeing food for one person. Where there was a concern about one person's weight there had been a referral to a dietician who had provided advice.

Good

Is the service caring?

Our findings

Throughout the inspection we observed people interacting with staff who were knowledgeable about their preferences. Staff showed genuine affection for people, providing a gentle touch and smile when working with them. People looked relaxed and happy with staff. Staff helped people to undertake activities they enjoyed. Staff were quick to pick up changes in people's mood and responded to these by asking the person simple questions which they could respond to.

A relative said they thought the new registered manager was "very nice" and also that staff were "very kind". They described how when an item belonging to the family member had been lost, a particular member of staff "hunted high and low for it."

Staff were able to provide detailed descriptions of what people enjoyed doing and how they ensured they were enabled to do this. One staff member said they felt "really committed" to the people and "love my job". People were offered activities which they were interested in, both on an individual basis and as a group. During the inspection, one person said they wanted to see a friend who lived locally. Staff discussed with them whether they would like to go to the friend's home but they decided they would prefer to invite the friend for afternoon tea later in the week. They told staff they would like to have "scones and jam" to share with the friend.

One person proudly showed their painted nails to the inspector, saying they had "chosen the colour". Records showed another person was given individual pamper sessions and there was a regular music session which several people were involved in. People were supported to undertake activities outside the home including hydrotherapy sessions, attending a local weekly club and visiting the pub.

People living at Trianon had a personal support plan which described how they liked to receive their care. For example, one person's support plan described how they like to be supported when getting up each day. This included information about what time the person liked to get up, and their daily routine which stated that staff should offer perfume and face cream to the person.

Some staff had known the people for a number of years and were good at recognising the signs if they thought something was wrong. We saw one care worker discussing with another how to support a person who was distressed. They agreed that they would swap what they were doing so that the second care worker could work with the person, which they might prefer.

People were encouraged to choose how to decorate and furnish their bedrooms. The registered manager said that the person who was coming to the home had visited a few weeks before with a relative. They had enabled them to choose the colour of the room and what furnishing they wanted before moving in. The registered manager said they had also gone shopping with the person to buy a TV so that they got to know the person before they came to stay. Bedrooms had personalised items, including pictures and photographs of family. People had been asked about the colour scheme for a newly refurbished sitting room, which was a comfortable and attractive place to sit. There was a summer house in the garden which could be used by people. A family member said they had bought new bedroom furniture for their relative whose bedroom had been redecorated.

Family and friends were encouraged to visit whenever they wanted and staff supported people to have regular and frequent contact with people they were close to by visits.

People were treated with respect and dignity and staff were aware of the need to provide privacy. For example, staff knocked on people's doors and asked if they could come in before entering. Records showed people had been supported by advocacy services in the past, although there had not been any recent involvement with advocacy.

Good

Is the service responsive?

Our findings

People received personalised care which had been planned to meet their individual needs. Care records contained details including the person's history, significant people in their lives and key facts about them. Each person had a support plan, which described what they liked and disliked and their personal routines. The care records also included detailed risk assessments and how to reduce the risks associated with specific areas of concern. Most people's risk assessments and support plans were updated regularly and when people's needs changed. However there were some assessments which had not been updated in the last 12 months. The registered manager said they recognised the need to review all the care records to ensure that all aspects were up-to-date and current.

People were supported to maintain some independence despite their disability. For example a support plan described how the person was able to choose certain elements of their care including cosmetics they wanted to use.

Daily notes showed that staff followed the information in the care plan and recorded not only what had happened but also where there were concerns. People's confidentiality was respected and all personal information was kept in a locked room accessible only by staff. Staff recognised the need for confidentiality and did not speak inappropriately in front of others. When they discussed people's care needs with us they did so in a considered, respectful and compassionate way recognising people's strengths and abilities.

People were encouraged to choose what they wanted to do each day either in the home or in the community. Staff said people were able to undertake activities on their own or in small groups. There was a garden at the home with a summerhouse in it which people were able to use. Staff said some people particularly enjoyed this and being able to use the garden during nice weather.

The registered manager said they worked with other health and social care professionals to ensure that as changes in people's needs occurred, these needs were reassessed and care was then revised to reflect this. For example, during the inspection, one person was supported to attend an appointment to review the hoist and sling used to move them. Staff said the person showed some distress when using their current hoist and therefore they had arranged the review. On returning from the appointment, staff said the person had appeared much happier with the new equipment that was going to be installed.

The home had a complaints policy and procedure. Staff recognised that people in the home would not be able to follow a formal complaints process but they described how care workers would work with people to identify concerns they might have. The registered manager described how key workers regularly met and listened to service users to identify if they were happy, or if there were any areas that needed action to improve outcomes for the person.

Good

Is the service well-led?

Our findings

There was a manager in post who had been registered with the Care Quality Commission to manage the home since September 2015. The registered manager had experience of working with people with learning disabilities in the organisation and was also registered as the manager of another home in Exmouth belonging to the same provider. He explained that both homes were small and located within two miles of each other. He said he usually spent half his time at Trianon and had a deputy manager who supported staff when he was not there.

Staff described the registered manager and senior staff as very approachable and said they were encouraged to be involved in improving the service. Staff were able to describe the vision and values of the home supporting people with profound learning and physical disabilities to live as full a life as possible.

Minutes of staff meetings showed how staff had been encouraged to get involved in improvements to the home, including the re-decoration of communal areas. The minutes also showed that staff were involved in audits and checks to support quality improvement. For example staff were being supported to use a new reporting system to record incidents and accidents including medicine administration errors.

There were systems in place to monitor that the skills and competency of staff were kept up to date through training and supervision. The registered manager said that the overall completion rate for training had been quite low before he came into post. He said that the figures had improved in the last two months and he was addressing the issues through monthly staff meetings as well as individual supervisions. Records showed staff were in the process of doing the training, which would improve the overall completion rate figures. Where concerns about a member of staff had been raised, there were records of what actions had taken place to support the staff to complete additional training.

Staff received quarterly individual supervision sessions and also had group supervision every month as part of the staff meeting. Staff said they felt they had opportunities to attend training to meet the needs of the people they supported.

There were systems in place to monitor the quality of service. These included regular audits and reports undertaken by the registered manager and staff against criteria aligned to the five questions we report on; Is the service safe, effective, caring, responsive and well-led? These audits had been introduced by the provider in July 2015. The registered manager said they were supported by senior managers who had undertaken an initial audit and produced an action plan that the registered manager was in the process of working through. The initial audit had identified concerns including the lack of Deprivation of Liberty Safeguard applications. There were actions with due by dates to address these concerns. Senior staff from the provider visited the home on occasions and also reviewed the quality assurance audits.

Other audits included checks of the fire test and equipment used within Trianon, as well as health and safety checks on the building. The provider was introducing new systems to enable better auditing of finance and medicines.

The provider information return described improvements to the home that were due to take place including alterations of a bathroom into a wet room. The registered manager also described other improvements to the home. These included re-carpeting some areas, redecoration of two lounges, one of which had been completed and the other which was underway.

There were plans in place to deal with unexpected emergencies such as fire. These plans included detailed personal evacuation plans for each person living in the home.

We had received statutory notifications from the home in line with the requirements for reporting significant events. This helped us to judge how these events had been managed by the staff, and what had been done to reduce the risk of similar events occurring.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 (RA) Regulations 2014 Need for consent Where people did not have capacity to make decisions, the home had not undertaken best interest assessments or best interest meetings to determine what actions needed to be undertaken. At the start of the inspection applications for Deprivation of Liberty Safeguards authorisations had not been made for anyone in the home.