

# Mrs Juliette Taylor

# Preston Lodge

## 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?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 13 January 2016 and was unannounced. Preston Lodge provides accommodation and personal care to a maximum of six people with dementia. At the time of our inspection, there were five people using the service.

The provider met all the standards we inspected against at our last inspection on 19 June 2014.

There was a registered manager in post at the time of our inspection. 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.

Positive caring relationships had developed between people who used the service and staff and during the inspection we observed people were treated with kindness and compassion. People who used the service told us they felt safe in the home and around staff. Their relatives confirmed that they were confident that people were safe in the home and around staff. Systems and processes were in place to help protect people from the risk of harm.

# Summary of findings

There were enough staff to meet people's individual care needs and this was confirmed by staff we spoke with. On the day of the inspection we observed that staff were not rushed and were able to complete their tasks.

Arrangements were in place in relation to the recording and administration of medicines. People confirmed that they received their medicines on time. However, we found that controlled drugs were not stored in accordance with legislation. We found a breach in respect of this.

Several areas of the environment were in need of redecoration and repairs. We also noted there was an unpleasant odour in one person's bedroom and a large stain on the carpet.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were also noted. Some risks to people were identified and managed however risk assessments did not clearly reflect all the potential risks to people which could mean risks not being appropriately managed which could result in people receiving unsafe care.

We noted that some staff had received training however there were gaps in some staff's training and refresher training was required. There was written evidence that some staff had received a supervision session recently. However there was no written evidence that these occurred regularly and for all staff. There was no documented evidence to confirm that staff received appraisals in order to discuss their individual progress and development.

Staff we spoke with had a basic understanding of the principles of the Mental Capacity Act (MCA 2005). However, capacity to make specific decisions was not recorded in people's care plans and there was a lack of information about consideration of specific decisions they needed to make. Further we noted that staff had not received training in the MCA.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. We noted that the home had made an application for one person but there were outstanding applications that needed to be made in respect of other people who used the service.

People spoke positively about the food in the home and told us that there was a variety of food available. Staff were aware of special diets people required either as a result of a clinical need or a cultural preference. We also noted that the food prepared on the day of the inspection was freshly prepared and looked appetising.

On the day of our inspection we did not observe any activities taking place. There was also a lack of evidence to confirm what activities people took part in.

There was a management structure in place with a team of care staff and the registered manager. The home had an open and transparent culture. Staff were encouraged to have their say and were supported to improve their practice.

The service had a policy in place to monitor and improve the quality of the service which included resident's meetings and staff meetings. We noted that there was a lack documented evidence to

confirm that regular audits were carried out by the provider. There was a lack of documented evidence to confirm that regular health and safety checks in respect of the premises, housekeeping, infection control, policies and procedures and staff training, supervisions and appraisals were carried out.

We found five breaches 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?

The home was not always safe. We saw that arrangements were in place in relation to the recording and administration of medicines. However, controlled drugs were not stored in accordance with legislation.

Some risks to people were identified and managed however risk assessments did not clearly reflect all the potential risks to people which could mean risks not being appropriately managed which could result in people receiving unsafe care.

Several areas of the environment required decoration and were in need of an update. We also noted there was an unpleasant odour in one person's bedroom and a large stain on the carpet.

People we spoke with told us that they felt safe around care staff. There were processes in place to help ensure people were protected from the risk of abuse.

**Requires improvement**



### Is the service effective?

The home was not always effective. There was a lack of documentation to confirm that staff had received regular supervision sessions and appraisals.

We noted that some staff had received training however there were gaps in some staff's training and refresher training was required.

The service was not following the requirements of the Mental Capacity Act (MCA) 2005 including the Deprivation of Liberty Safeguards (DoLS).

People were provided with choices of food and drink. People's nutrition was monitored.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

**Requires improvement**



### Is the service caring?

The home was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people in the home. The atmosphere in the home was calm and relaxed.

Care plans provided details about people's needs and preferences. Staff had a good understanding of people's care and support needs.

People were treated with respect and dignity. We saw that staff respected people's privacy and dignity and were able to give examples of how they achieved this.

**Good**



# Summary of findings

## Is the service responsive?

The home was not always responsive. The provider told us that there were activities available to people. However we did not see a formal activities timetable and on the day of our inspection we did not see evidence of activities taking place.

The provider explained that they had carried out satisfaction questionnaires in June 2015. However we noted that the questionnaires were not dated. Further there was no evidence that provider had taken appropriate action in respect of issues raised in the questionnaires.

Care plans were person-centred, detailed and specific to each person's individual needs. Care preferences were noted in the care plans.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

**Requires improvement**



## Is the service well-led?

The home was not always well led. There was a lack of documented evidence to confirm that systems were in place to monitor and improve the quality of the service. For example, there was no evidence of regular health and safety checks in respect of the premises, housekeeping, infection control, policies and procedures and staff training, supervisions and appraisals.

Staff were supported by management within the home and felt able to have open and transparent discussions. They said that morale was good within the home.

The home had a clear management structure in place with a team of care staff and the registered manager.

**Requires improvement**



# Preston Lodge

## 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, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 13 January 2016 of Preston Lodge. The inspection was carried out by one inspector.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

During this inspection we observed how staff interacted with and supported people who used the service. We reviewed four care plans, staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with three people who used the service and two relatives. We also spoke with the three members of staff including two care staff and two care professionals.

# Is the service safe?

## Our findings

People who used the service told us they felt safe in the home and around staff. One person said, “I feel safe here.” Another person told us, “It’s safe. It is great here. I am treated very well.” Relatives told us that they were confident that people were safe in the home. One relative said, “[My relative] is safe.” Another relative told us, “I am confident [my relative] is safe there.”

There were systems in place to help people receive their medicines safely. We checked some of the medicines in stock and these were accounted for. There were arrangements in place in relation to obtaining and disposing of medicines appropriately. The home had a medicines storage facility in place. The facility was kept locked and was secure and safe. However we found that controlled drugs were not stored in accordance with current legislation, specifically the Misuse of Drugs (Safe Custody) Regulations 1973 as amended. They were not stored in the appropriate cupboard. Controlled drugs are medicines that the law requires to be stored in a special cupboard fixed to the wall in accordance with regulations and stored separately from other medicines. We raised this with the provider and they confirmed that they would ensure that controlled drugs would be stored in the appropriate manner. We saw evidence that the administration of controlled drugs were being recorded appropriately.

The above is a breach of Regulations 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Controlled drugs were not stored in accordance with legislation. We reported our finding to the provider who said immediate action would be taken to improve the proper and safe management of medicines.

There was a policy and procedure for the management of medicines to provide guidance for staff. We saw evidence that the policy was recently reviewed, to ensure that it provided up to date information on safe handling of medicines.

We viewed a sample of medicines administration records (MARs) for people who used the service. These were accurate and were up to date.

Staff who administered medicines told us they had completed training and understood the procedures for safe storage, administration and handling of medicines.

An external pharmacy had carried out a medicines audit in March 2015. However there was no documented evidence that the service carried out their own medicine audits to ensure that medicines were being correctly administered and signed for and to ensure medicines management and procedures were being followed. We raised this with the provider and they said that they would implement medicines audits.

There was an infection control policy and measures were in place for infection prevention and control. A cleaning schedule was in place which allocated cleaning responsibilities to staff to ensure that the home was kept clean. However we noted there was an unpleasant odour in one person’s bedroom and a large stain on the carpet. We raised this with the provider and they confirmed that they would take immediate action. We found that several areas of the environment were 'tired' looking. There were areas where the wallpaper was peeling and the paintwork was dull and chipped. We also found that the carpets in the home were old and in need of replacing. We spoke with the provider about this and they explained that they did have plans to redecorate the premises and that this would be done in the near future. The fridge door in the kitchen was broken and therefore a chair had to be used to shut the door. We raised this with the provider and they confirmed that they had raised this issue and were currently waiting for a part so that the door could be fixed.

The home had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire. The fire plan was on display in the home indicating fire exits and escape routes. We also observed that each person had a personal emergency evacuation plan (PEEP) in place. However, we found that the safety inspections for portable appliances was last carried out on 17 June 2014 and was therefore overdue. Such tests need to be carried out annually.

The above was a breach of Regulations 15(1)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was no documented evidence to confirm that the safety inspection for portable appliances had been carried out and the provider confirmed that this had not been carried out.

Staff said they would recognise changes in people’s emotional behaviour if things were not right. Staff were able to identify the different kinds of abuse that could

## Is the service safe?

occur in a home and knew how and where to make a referral. Staff knew what action they would take if they suspected abuse had occurred. They said that they would directly report their concerns to management. Staff were also aware that they could report their concerns to the local safeguarding team, police and the CQC. Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. However we noted that whilst the policy did refer to the CQC and local safeguarding team, it did not specifically state the need to inform the local safeguarding team or the CQC of safeguarding allegations. We raised this with the provider and they confirmed that the policy would be updated to reflect this.

The service had a whistleblowing policy and the staff were familiar with the whistleblowing procedure and all were confident about raising concerns about any poor practices witnessed.

Some risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for each person using the service. Risk assessments were in place for various areas such as smoking, absconding and falls. However, we noted that some areas of potential risks to people had not been identified and included in the risk assessments. For example, where alcohol was a factor in risk management there was no risk assessment in place to identify potential hazards and risks associated with this and no guidance for staff. Another person displayed behaviour that challenges and we found that there was no risk assessment in place for this and no guidance. We raised this with the provider and they confirmed that the relevant risk assessments for people would be completed.

On the day of the inspection we observed that staff were not rushed and were able to complete their tasks. We

noted that the service did not use agency staff. There was consistency in terms of staff so that people who used the service were familiar with staff and staff were familiar with each individual's needs. We looked at the staff duty rota on the day of the inspection. We noted that it did not accurately reflect the staff on duty on the day of our inspection and raised this with the provider. The provider informed us that there had been a last minute change to the rota on the day of our inspection. The staff duty rota reflected that there were two members of staff on duty at night.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at home. There were recruitment and selection procedures in place to help ensure people were safe. We looked at the recruitment records for three members of staff, one of which had recently been employed by the service. We found background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained for the two members of staff who had worked for the service for a significant period. However, the criminal records check for the newly appointed member of staff had not yet been received but the service had made the relevant application. We noted that this newly employed member of staff was on the staff rota to work numerous days without the criminal check results having been received. We raised this with the provider and they confirmed that this member of staff was only able to work when they were supervised by a member of staff. The rota confirmed this. However we noted there was no documented risk assessment in respect of this and raised this with the provider. We found that written references had been obtained for staff.



# Is the service effective?

## Our findings

People who used the service spoke positively about the home. One person said, "I am happy here. Everything is ok. Staff are good. They are friendly and helpful." Another person told us, "I have no complaints. It's nice to be here. Quite alright." One relative told us, "[My relative] is well looked after there." Another relative said, "I am pleased with the home. It is homely and not institutional."

During the inspection, we asked the provider for details of what training staff had completed. The provider was unable to provide us with confirmation detailing what training each member of staff had undertaken. Following the inspection, the provider sent us details of training staff had received. However, the details when staff had received this training were not clear and we found gaps in training. For example, staff had not received training in the Mental Capacity Act 2005 and Deprivation of Liberties safeguards. There were a lack of certificates to confirm what training staff had completed. We saw evidence that some staff had received medicines, safeguarding training and dementia training. Staff we spoke with confirmed that there were gaps in their training.

The provider confirmed that staff had completed an induction when they started working at the home and staff confirmed this. However there was no documented evidence to confirm what was covered as part of their induction.

Whilst we saw that some supervision sessions had taken place recently, there was no evidence to confirm such supervision sessions took place on a regular basis and for all staff. Further, there was no documented evidence that all staff had received annual appraisals about their individual

performance. Staff therefore had not had an opportunity to review their personal development and progress.

We did not see evidence that all staff were supported to fulfil their roles and responsibilities through training, regular supervisions and appraisals. The above is a breach of 18(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us that they felt supported by their colleagues and management. One member of staff told us, "I am very supported. There are no barriers in conversation.

I am always welcomed to voice an opinion. I can approach the manager no problem." Another member of staff said, "I feel supported. We have a good working relationship. I can talk to the manager about anything."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We noted that there was a MCA policy. There was some information about people's overall capacity. However capacity to make specific decisions was not recorded in people's care plans and there was a lack of information about consideration of specific decisions they needed to make. There was a lack of best interest meetings to ensure decisions made were in people's best interest. We discussed this with the provider and they confirmed that care plans would be updated to include such information. There was no evidence to confirm that staff had received training in the MCA and this was confirmed by staff we spoke with.

We also found that, where people were unable to leave the home because they would not be safe leaving on their own, the home had not applied for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS) for all people. These safeguards ensured that an individual being deprived of their liberty through not being allowed to leave the home without staff supervision, is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. We saw that the home had made a DoLS application for one person who used the service and we saw evidence that approval had been given. We however noted that applications had not been made for three other people that used the service and the provider had failed to liaise with the local authority in respect of this.

This was a breach of Regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The arrangements for the provision of meals were satisfactory. We saw that there was a weekly menu. Staff confirmed that they asked people what they wanted to eat



## Is the service effective?

the day before and then prepared meals based on this. We looked at the menu for the week of the inspection and noted that there was a variety of meals available. On the day of the inspection we noted that food was freshly prepared. One person commented on the food prepared on the day of the inspection and said, "Nice food." Staff confirmed that meals were always cooked from scratch and that ready meals were not provided at the home. People we spoke with were positive about the food at the home. One person told us, "The food is lovely." Another person said, "The food is good. There is a variety of food. I can ask for something else."

During the inspection we observed lunch and noted that there was a relaxed atmosphere. People were sitting together at the dining table and staff spoke with people, interacted with them and assisted them when required. People also had the option of eating alone if they wished to do so.

At the time of our inspection, the kitchen was clean and we noted that there were sufficient quantities of food available. Further, we checked a sample of food stored in the kitchen and saw they were all within their expiry date.

People's weights were recorded regularly. This enabled the service to monitor people's nutrition so that staff were alerted to any significant changes that could indicate a health concern related to nutrition. We noted that at the time of our inspection, there were no concerns about people's weight.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. Care plans detailed records of appointments with health and social care professionals.

# Is the service caring?

## Our findings

When asked about the home and how they felt about living there, one person told us, “Staff are fine. They are caring.” Another person said, “Staff are very good. They are friendly and helpful. They listen and are caring.” Relatives told us that staff were caring and no concerns were raised. One relative said, “Staff are pleasant and patient. They listen and are caring.” One care professional told us, “They are extremely caring. Staff are friendly and there is a homely atmosphere.”

We observed interaction between staff and people living in the home during our visit and saw that people were relaxed with staff and confident to approach them throughout the day. Staff interacted positively with people, showing them kindness, patience and respect. People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. Some people chose to watch television in the communal lounge and some people chose to spend time in their bedroom

Staff we spoke with were knowledgeable about people’s likes, dislikes and preferences. Care plans included information about people’s interests and their background and used this information to ensure that equality and diversity was promoted and people’s individual needs met.

People who observed specific religious practices were supported to do this. One relative explained that their relative liked to visit the church regularly and staff supported this person to do this. A member of staff also explained that they spent time reading the Bible to this person regularly.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people’s dignity and respected their wishes. One member of staff said, “I respect people’s choice. Each person is different. I spend time with people and have conversations with them. Another member of staff told us, “Privacy and dignity is important especially with personal care. People should have choice and make decisions where they can. “

Bedrooms were for single occupancy with the exception of one bedroom which was shared by two people. We discussed this with the provider and they confirmed that both people had shared a room for many years and preferred it this way. We noted that there was an agreement in both people’s care confirming this. Bedrooms had been personalised with people’s belongings, such as photographs and ornaments, to assist people to feel at home.

# Is the service responsive?

## Our findings

People told us that they received care, support and treatment when they required it. They said staff listened to them and responded to their needs. One person said, "They listen and I like that I can do what I like." Another person told us, "I have no complaints." One relative told us, "The manager is very helpful and keeps me well informed. Communication is good."

People received personalised care that was responsive to their needs. We looked at four people's care files and their needs were assessed prior to their move to the service. We found people and their family were asked about what was important to them. People's care plan contained information about them, their needs and preferences and included a support plan outlining the support the person needed with various aspects of their daily life such as health, personal care and hygiene, nutrition and medication.

People who used the service, relatives and one care professional told us that if they had any concerns or queries, they did not hesitate to speak with the registered manager. One person said, "The manager is ok. I can talk to her. They ask for feedback." One relative told us, "I have no worries. I feel able to raise issues if need to." One care professional we spoke with told us, "The manager is open to suggestions and listens. I am able to raise issues with them."

There was no formal activities timetable and the provider explained that this was because there was flexibility in terms of activities as it depended on what people wanted to do on a particular day depending on their mood. On the day of our inspection, we saw that there were no formal activities for people to participate in. We observed that

people spent the day watching television in the lounge. We spoke with the provider about this and they explained that they were looking to introduce new activities such as pet therapy and bingo.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the local authority, CQC and the Local Government Ombudsman. The provider confirmed that the service had not received any complaints since the last inspection. When speaking with care staff, they showed awareness of the policies and said they were confident to approach the registered manager. Staff felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly.

The provider explained to us that they carried out satisfaction questionnaires covering aspects such as food, personal care and management. We were provided with evidence of these questionnaires. The provider told us that these questionnaires were carried out in June 2015 however we found that the questionnaires were not dated. Further it was not evident that the questionnaires had been provided to all people who used the service and relatives. There was also no evidence that the provider had taken action to address any of the issues raised in the questionnaires that were completed.

We saw evidence that resident's meetings were held regularly and this was confirmed by people we spoke with and staff. During these meetings, people who used the service were encouraged to raise any issues in respect of the running of the home. People told us that they felt comfortable raising issues with staff and management at these meetings.

# Is the service well-led?

## Our findings

People who used the service and relatives spoke positively about management at the home. They told us they found management at the home approachable and felt comfortable raising queries with them. One person said, “The manager is fine.” One relative said, “The manager is approachable.”

There was a management structure in place with a team of care staff and the registered manager. Staff told us that the morale within the home was good and that staff worked well with one another. Staff spoke positively about working at the home. They told us management was approachable and the service had an open and transparent culture. They said that they did not hesitate

about bringing any concerns to the manager. One member of staff said, “The manager is approachable. Absolutely good communication. It is spot on. Everyone knows what is going on.”

Staff were informed of changes occurring within the home through staff meetings and we saw that these meetings occurred regularly and were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings. Staff also said they did not wait for the team meeting to raise queries and concerns. Instead, they told us they discussed issues daily with the registered manager and colleagues. Staff told us that they felt able to speak with management at any time.

The home had a quality assurance policy which provided information on how the service monitored the quality of

care it provided. We saw evidence that a medicines audit had been carried out by an external pharmacy in 2015 however there was no evidence to confirm that internal medicines audits had been carried out by the provider. The provider confirmed that they did not carry out internal medicines audits. We saw evidence that the provider had carried out a check in respect of the premises in December 2015 however there was no evidence of any further premises checks earlier in 2015. There was also no evidence of what action had been taken to resolve issues raised as part of the checks. There was no documented evidence to confirm that regular checks in respect of housekeeping, infection control, policies and procedures and staff training, supervisions and appraisals were carried out. It was not evident how the provider was monitoring its service in order to better demonstrate how the service was ensuring that people were protected against the risk of unsafe or inappropriate care.

This was a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It was not evident how the provider is monitoring its service to demonstrate how the service is ensuring that people are protected against the risk of unsafe or inappropriate care.

The home had a system for recording accidents and incidents and learning from these to prevent them reoccurring.

People’s care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Service users were not protected from the risks of unsafe use and management of medicines, because controlled drugs were not stored in accordance with legislation.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulation 15(1)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was no documented evidence to confirm that the safety inspection for portable appliances had been carried out. It was therefore not evident such appliances had been properly maintained.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were potentially being deprived of their liberties. The service had not made attempts to identify whether some people were being deprived and had not made attempts to apply for the relevant safeguarding authorisations for the majority of people.

### Regulated activity

### Regulation

This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a lack of evidence that staff were supported to fulfil their roles and responsibilities through regular supervisions and appraisals. We also noted that there were gaps in staff training.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a lack of documented evidence to confirm that systems were in place to monitor and improve the quality of the service. For example, audits.